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THE

MEDICAL JURISPRUDENCE

OF

INEBRIETY.

BEING

PAPERS READ BEFORE THE MEDICO-LEGAL SOCIETY OF NEW YORK AND THE DISCUSSION THEREON.

PUBLISHED BY

THE MEDICO-LEGAL JOURNAL ASSOCIATION,

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DEDICATION.

HON. NOAH DAVIS.

Ex-Chief Justice Supreme Court.

My Dear Sir :

I am charged by the Publication Committee of the Medico-Legal Society with the duty of preparing for publication, the papers read before that body, touching on Inebriety, Alcoholism and the Medical-Jurisprudence of Inebriety.

I voice their unanimous wish, in dedicating this volume of papers to you.

The interest you have felt in this subject, the labors with which you have been identified, in struggling with the social problems growing out of the abuses of alcohol, and your long public career upon the bench, make this all the more easy to me, aside from our personal friendship since your advent to this city.

That you have presided over the debates incident to the reading of these papers, and closed them with your own views sharpened by the thoughts their reading awakened, will, I am sure, add no little interest to their value in the public mind.

That they may be of service at a moment when the public heart is so deeply touched, by the problems of the hour is, I am sure, your wish as well as

Yours ever faithfully,

CLARK BELL.

NEW YORK, *September*, 1888.

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PREFACE.

The Legal relations of the inebriate, in business, in social affairs, and his responsibility before the law, have for many years engaged the attention of the Medico-Legal Society.

As early as December, 1868, Dr. Stephen Rogers, opened the discussion by a paper, upon the Influence of Methomania upon Business and Criminal responsibility. This was followed in the same year by a paper entitled "*Methomania,*" by Dr. James J. O'Dea.

In the fall of 1869, "*The Law in Reference to Suicide and Intemperance in Life Insurance*" was made the subject of a paper by WM. SHRADY, Esq., of the New York Bar.

In the paper upon *Hereditary Diseases of the Nervous System,* read by STEPHEN ROGERS in 1869 before the Society, journal space was given and stress laid upon "*the Degeneracy of Alcoholic Inheritance,*" and the proposition was made in view of the unusually large number of persons, who had during 1866 and 1867 been adjudized diposmaniacs, that "*the Medico-Legal Society would be ready to decide by a very large vote, that there was such a disease as Alcoholism, that one of its forms is Methomania, and that it was an hereditary and, of*

course, a transmissible disease." (Medico-Legal Papers Series 1, pp. 87–88).

In March, 1869, WM. SHRADY, ESQ., read before the Society a paper containing the Act passed April 8, 1864, in the State of New York, to establish an Asylum for Inebriates in the city of New York, with the amendments of 1867.—(Medico-Legal Papers, Series 1, pp. 92-96). Also, the Acts of May 9, 1867 (chap. 843, Laws of 1867), to incorporate the Inebriate Home of Kings County and the Amendments thereto in 1868. (Med.-Leg. papers, Series 1, pp. 97-99.) As well as the several Acts for the relief of the New York State Inebriate Asylum, passed April 15, 1859; March 21, 1861; April 15, 1864, and March 31, 1865, with a resume of the law, regarding *the case of habitual drunkards.*—(Ibid, pp. 102, et. seq.). In the same year, Dec. 9, 1869, DR. S. TELLER, read a paper before the Society, entitled "*Medical points in regard to the Suicide and Intemperance proviso in Life Insurance policies.*"

In 1871, DR. PALUEL DE MARMON read a paper entitled "*Medico-Legal Considerations upon Alcoholism, and the Moral and Criminal Responsibility of Inebriates.*"

In November, 1871, DR. STEPHEN ROGERS, in his inaugural address as president of the Society gave considerable space, and laid great stress upon the "*Methomaniac and the duty of the State to him.*" He then claimed "*that the morbid, and really uncontrollable impulse to drink and to be druuk, was an impulse which we all know results in more evil to society, and, finally, in*

more destruction to life, a hundred fold, than all the higher grades of crime," and to this subject and its evils he called the attention of that body, as being of the very highest interest and importance in its proposed labors.

On April 11, 1872, STEPHEN ROGERS contributed a paper to the Medico-Legal Society entitled "*The Influence of Uræmic and Alcoholic Poisoning on Testamentary Capacity.*"*

In Feb'y, 1886, DR. ENRIQUE A. FREMONT, of Ozuluama, Mexico, contributed a paper entitled, "*Inebriety and Criminal Responsibility in Mexico,*" which appeared in the Medico-Legal Journal, and the same number contained a paper read by DR. GEO. H. SAVAGE, of London, on "*Drunkenness and Criminal Responsibility.*"—(pp. 84 et. seq. Vol. No. 1.)

In July, 1887, CLARK BELL, ESQ., contributed a paper to the International and Colonial Congress of Inebriety at London entitled, "*the Relation of Intemperance to Insanity,*" which was read before the Medico-Legal Society, in September, 1887, and the November and December Meetings of the Society in 1887 were devoted to original papers on this subject by distinguished members, the discussion of which, are made the basis of the present volume.

It was decided to select from among these various articles, thus contributed, enough to make a volume of at least 200 pages, so that Students of the Science might

* Dr. T. D. Crothers read a paper on "Trance in Inebriety," later, which was also made the subject of a paper by Dr. Geo. M. Beard.

have in hand, the more important of these papers by members of the Medico-Legal Society, from widely different fields of thought, who had given this important subject attention.

The compilation of the greater part of these works with a reference to those unpublished, has devolved upon the writer as Chairman of the Committee of Publication, aided by the generosity of a few friends, who have contributed the necessary time to publish this volume, without expense to the Medico-Legal Society, of New York, as a testimonial and memento of its labors in a cause now exciting the popular mind.

CLARK BELL.

New York, October, 1888.

NOTE.—Dr. T. D. Crothers read a paper entitled "*Should Inebriates be Punished by Death for Crime?*" before the Medico-Legal Society, September Session of 1888, too late for insertion here.

*THE MEDICAL JURISPRUDENCE OF INEBRIETY.**

BY CLARK BELL, ESQ., OF THE NEW YORK BAR.

President of the Medico-Legal Society of New York.

In a discussion like that proposed before the Medico-Legal Society, in which the question is to be considered by such able medical men from the medical side or standpoint, it has seemed to me that it would be of interest to both professions, as well as to laymen, to have the inquiry made as to those relations which attach by law to inebriety, as well in the civil and domestic relations of the inebriate, as in regard to crimes committed by persons, while acting under the influence of intoxicants or while in a state of intoxication.

What, then, is the present legal status of the question?

I shall briefly state (I will have neither opportunity nor space to discuss), what I believe to be the law upon the subject; citing and grouping authorities, the civil side first, and the question of criminal responsibility, second.

I.—CIVIL RELATIONS.—1. *Intoxication* was regarded by the common law, when complete and characterized by unconsciousness, as a species of insanity. Lord Coke's

* Read before the Medico-Legal Society of New York, November 9th, 1887.

*THE MEDICAL JURISPRUDENCE OF INEBRIETY.**

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* Read before the Medico-Legal Society of New York, November 9th, 1887.

4th manner of "*non compos mentis*" was, "4. By his own act as a drunkard."*

Delirium tremens, which results directly from habits of intoxication, is in law considered to be a form of insanity, and this has been repeatedly held by the courts.†

It has always been a well-settled rule of law that no person can make a contract binding upon himself while he is wholly deprived of his reason by intoxication. This would be true as to deeds, wills, all instruments and obligations of every kind.‡

This rule is not changed where the intoxication was not procured by the other party to the contract, but is voluntary on the part of the drunkard.§

By the common law, as well as by the New York Statute, a testator must, at the time of the execution of a will, be of "*sound mind and memory*," and it is as requisite to have the presence of a "*disposing memory*," as a "*sound mind*." ‖

(*b.*) By common law and by statute law an intoxicated person is thereby rendered incompetent as a witness.

* Coke Litt., 248, a; Beverly Case, Coke. 124; Buswell on Insanity, § 295.

† Macconchey *v.* The State, 5 Ohio St. 77; Carter *v.* The State, 12 Tex. App., 500; Buswell on Insanity, § 158; Erwin *v.* State, 10 Tex., 700.

‡ Prentice *v.* Achorn, 2 Paige 30; Pitt *v.* Smith, 3 Camp., 33; Cole *v.* Robbins, Bul. . P., 172; Morris *v.* Clay, 8 Jones (N. C.) 216; King *v.* Bryant, 2 Hayw., 394; White *v.* Cox, 3 Hayw., 78: Buswell on Insanity, § 393.

§ Wigglesworth *v.* Steers, 1 Hen. & Man., 70; Barrett *v.* Buxton, 2 Aiken 167.

‖ N. Y. Rev. Stat., art. 2, chap. 6; Parr 2, § 20, 5th ed.; Forman's Will, 54 Barb., 274; Van Guysling *v.* Van Kuren, 35 N. Y., 70; Aiken *v.* Weekerly, 19 Mich., 482; Lowder *v.* Lowder, 58 Ind., 538; Converse *v.* Converse, 21 Vt., 168.

The statute law usually classifies such intoxicated persons as lunatics, and the provisions frequently apply similarly to each, and to both.*

(*c*) In the marriage contract, which in some cases is treated on different grounds from all other contracts, from the necessity of the case, and consequences upon consummation, the sound general rule has been: that if the party was so far intoxicated as not to understand the nature and consequences of the act, this would invalidate the contract.†

2. The analogy between lunacy and total intoxication, or even habitual drunkenness, is doubtless most marked in the statutes of the various states regarding the care and custody of the person and estates of lunatics, idiots and habitual drunkards.

(*a.*) By English law the Lord Chancellor, as the direct representative of the Crown, has always exercised the right of assuming the custody and control of the persons and estates, of all those who, by reason of imbecility or want of understanding, are incapable of taking care of themselves.

Writs *de lunatico inquirendo* were issued in cases to inquire whether the party was incapable of conducting his affairs on account of habitual drunkenness.

The Supreme Court of every American State would doubtless have the right which the Court of Chancery exercised under the law of England in the absence of

*N. Y. Rev. Statutes; Genl. Stat. Minn., 1878, c. 73, § 9, subd. 1; Connoly v. Lynch, 27 Minn., 435.

† Johnston *v.* Browne, Ferg. Const. Law Rep., 229.

any statute law. This must be so in the nature of things in American States; the principle has been exercised and adjudicated on in Kentucky, in Maryland, Illinois, Indiana and North Carolina.*

The Legislatures of the various States have vested this power by statutory enactments in various tribunals, for example in New York, by the old law in the chancellor; in New Jersey in the Orphans' Court; in South Carolina equally to the law and equity side of the courts, and now in New York, where the distinction between law and equity has been abolished, in the Supreme Court, which exercises it.

It will be observed that in many of the American States the habitual drunkard even, is classified and treated under the same provisions, and in the same manner as the lunatic and the idiot, notably in Pennsylvania, New Jersey, Maryland, Illinois, New York and many other States.

Taking New York as a fair illustration of the principle, it has been held by the courts, that all contracts made by habitual drunkards who have been so adjudged in proceedings *de lunatico inquirendo* are actually void.† And that the disability of the habitual drunkard continues after the committee has been appointed even when he is perfectly sober and fully aware of the nature and consequences of his acts.‡

* Nailor *v.* Nailor, 4 Dana, 339; Colton in re, 3 Md. Ch., 446; Corrie's Case, 2 Bland's Ch., 448; Tomlinson *v.* Devore, 1 Gill., 345; Dodge *v.* Cole, 97 Ill., 338; McCord *v.* Ochiltree, 8 Blackf., 151; Lathan *v.* Wiswall, 2 Ired. Eq., 294.

† L. Amoureaux *v.* Crosby, 2 Paige, 422.

‡ Wadsworth *v.* Sharpsteen, 8 N. Y., 388.

It has also been held that *habitual drunkenness*, being established, it is *prima facie* evidence of the subject's incapacity to manage his affairs.*

We may then assume, in considering the medical jurisprudence of inebriety, that the law has always regarded and treated intoxication as a species of mental derangement, and has considered, and treated the habitual or other drunkard, as entitled to the special care and protection of Courts of Equity in all matters relating to his civil rights, his domestic concerns, his ability to make contracts, his intermarrying, and disposing of his property, by deed, gift or device.

The law has gone farther, for it has thrown around him, its protecting arm and shield, when it is satisfied, that he has become so addicted to drink, as to seriously interfere with the care of his estate, and the courts have then come in and taken absolute control, of both person and estate of drunkards, in their own interest and for their presumed good.

Medical men should keep in mind the distinction running all through the law between insanity and irresponsibility. The medical view, that irresponsibility should follow where insanity exists, has nowhere been conceded by the law, and this distinction must be borne in mind in the subject here under consideration.

II.—CRIMINAL RELATIONS.—This brings us to the second question: The relation of the inebriate to the criminal law for illegal acts, committed while intoxi-

*Tracy in re, 1 Paige, 580; 1 Rev. St. (2d ed.) Ch. 5, tit. 2, § 1.

cated, which seems more harsh, in its practical effect, than the principles which govern him in his civil and social relations, to society and the State.

This seeming hardship, however, is due to the capacity of the drunkard, considered objectively, for wrong-doing. In the one case his position as a civil agent is that of a unit of society merely—one who is, as it were, to be "saved from himself"; in the other case, the criminal aspect of the drunkard, it is the weal of society which is to be conserved and protected.

1. That form of intoxication which results in the total or partial suspension of or interference with, the normal exercise of brain function, is regarded at law as mental unsoundness and sometimes amounts to a species of insanity. It has been held at law, to be a voluntary madness, caused by the wilful act of the drunkard, and the decisions have been uniform that where reason has been thus suspended, by the voluntary intoxication of a person otherwise sane, that this condition does not relieve him from the consequences of his criminal acts, or, more carefully stating it, from acts committed by him in violation of law, while in that state.*

(*a.*) There are decisions which go to the length of holding, that the law will not consider the degree of intoxi-

* Kenney *v.* People, 31 N. Y., 330; 27 How., 202; 18 Abbott, 91 Lonergan *v.* People, 6 Park., 209; 50 Barb., 266; Freery *v.* People, 54 Id., 319; People *v.* Porter, 2 Park., 214; People *v.* Fuller, Id., 16; People *v.* Wildey, Id., 19; Dammaer's Case, 15 St. Pr., 522; Frost's Case, 22 St. Tr., 472; State *v.* Toohey, 2 Rice Dig. (S. C.) 105; People *v.* Rogers, 18 N. Y., 9; State *v.* Thompson, Wright, 617 (Ohio); Swan *v.* The State, 4 Humphy., 136; Com. *v.* Hawkins, 3 Gray, 463 Mass.); Cluch *v.* Stats, 40 Ind., 264; State *v.* Thompson, 12 Nev., 140

cation, whether partial, excessive or complete, and even that if the party was unconscious at the time the act was committed, such condition would not excuse his act; and, in some cases, judges have gone so far, as to instruct juries that intoxication is actually an aggravation, of the unlawful act rather than an excuse.

But the better rule of law now undoubtedly is, that if the person at the moment of the commission of the act, was unconscious, and incapable of reflection or memory, from intoxication, he could not be convicted.

There must be motive and intention, to constitute crime, and in such a case the accused would be incapable from intoxication of acting from motive.†

(*b.*) The reasons upon which the rule of law rests may, with great propriety, be considered, and should be carefully studied, before any attempt at criticism is made.

1. The law assumes that he who, while sane, puts himself voluntarily into a condition, in which he knows he cannot control his actions, must take the consequences of his acts, and that his intentions may be inferred.‡

2. That he who thus voluntarily places himself in such a position, and is sufficiently sane to conceive the

*People *v.* O'Connell, 62 How. Pr., 436; People *v.* Robinson 1 Parker Cr. Rep., 649; Rex *v.* Carroll, 7 C & P., 145; Dammaer's Case, *supra;* Frost's case, *supra;* State *v.* Thompson, *supra;* United States *v.* Forbes, Crabbe., 558; Blk. Com,, 26; 1 Coke, 247.

†Buswell on Insanity, § 446, note 6; People *v.* Rogers, 18 N. Y,, 9, Denio; Cluck *v.* State, 40 Ind, 264; Kenney *v.* People, 31 N. Y., 330.

‡ People *v.* Garbutt, 17 Mich., 9: Commonwealth *v.* Hawkins, 5 Gray, 463.

perpetration of the crime, must be assumed to have contemplated its perpetration.*

3. That as malice in most cases must be shown or established to complete the evidence of crime, it may be inferred, from the nature of the act, how done, the provocation or its absence, and all the circumstances of the case †

In cases when the law recognizes different degrees of a given crime, and provides that wilful and deliberate intention, malice and premeditation must be actually proved to convict in the first degree, it is a proper subject of inquiry whether the accused was in a condition of mind to be capable of premeditation.‡

Sometimes it becomes necessary to inquire, whether the act was done in heat of passion, or after mature premeditation and deliberation, in which the actual condition of the accused and all the circumstances attending his intoxication, would be important as bearing upon the question of previous intent and malice.§

(*c.*) The New York Penal Code lays down with precision the provision of law governing the question of responsibility in that State as follows :

§ 22. *Intoxicated persons.*– No act committed by a

* People *v.* Robinson, 2 Parker cr., 235,

† Buswell on Insanity, § 450; Buswell *v.* Commonwealth, 20 Grat.

‡ Buswell on Insanity, § 450; Hopt *v.* People, 104 U. S.; Penn *v.* McFall, Addison, 255; Keenan *v.* Com., 44 Penn. St., 55; State *v.* Johnson, 44 Conn., 136; Harte *v.* State, 11 Humph., 154, and cases cited in note to Buswell on Insanity, § 450.

§ Kelly *v.* Commonwealth, 1 Grant (Pa.) 481; Platte *v.* The State 9 Hump., 663.

person, while in a state of intoxication, shall be deemed less criminal by reason of his having been in such condition. But whenever the actual existence of any particular purpose, motive or intent is a necessary element to constitute a particular species or degree of crime, the jury may take into consideration the fact that the accused was intoxicated at the time, in determining the purpose, motive or intent with which he committed the act.

(*d.*) Voluntary intoxication, though amounting to a frenzy, has been held not to be a defense when a homicide was committed without provocation.*

(*e.*) *Delirium tremens*, however, a condition which is the result of drink, and is remotely due to the voluntary act of the drunkard, has been held to be a defense to acts committed while in the frenzy, similar to the defense of insanity.†

(*f.*) It has been held that when inebriety develops into a fixed and well-defined mental disease, this relieves from

*People *v* Rogers, 18 N. Y., 9 reversing 3 Pack., 632); Kenny *v.* People *v.* 31 N. Y., 330 ; People *v.* Robinson, 1 Pack., 649 ; 2 Id., 235; People *v.* Hammil, id., 223 ; People *v.* Batting, 49 How., 392 ; People *v.* Eastwood, 3 Park., 25 ; 14 N. Y., 562 ; State *v.* Harlow, 21 Mo., 446; Shanahan *v.* Conn., 8 Bush, 463; Rafferty *v.* People, 66 Ill., 118; Charci *v.* State, 31 Ga., 424; Humphreys *v.* State, 45 Id., 190.

†Real *v.* People, 55 Barbour, 551; 42New York, 270; Willis *v.* Com., Va.), 22; Albany Law Journal. 176; Maconhey *v.* State, 5 Ohio, (77; Carter *v.* State, 12 Tex. Ap., 500 ; Buswell on Insanity, § 158 ; Erwin *v.* State 10 Tex., 700.

responsibility in criminal cases, and such cases will be regarded and treated as cases of insanity.*

(*g.*) It may now be regarded as a settled rule that evidence of intoxication is always admissible, to explain the conduct and intent of the accused, in cases of homicide.†

(*h.*) In crimes less than homicides, and especially where the intent is not a necessary element to constitute a degree or phase of the crime, this rule does not apply.

The practical result, however, in such cases, and in those States where the latter provision of the New York Penal Code has not been adopted, is to leave this whole subject, to the judges, who fix the details of punishment. This is a great public wrong, because each judge acts on his own idea, and one is merciful and another harsh. If it is placed by law in the breast of the judges, it should be well-defined and regulated by statute. Lord MacKenzie well says: "The *discretion* of a judge is the law of tyrants."

3d. It will be observed that the law has not yet judicially recognized inebriety as a disease, except in the cases of delirium tremens—above cited—and hardly even in that case.

It is for publicists, judges and law-makers to consider the claim now made, that science has demonstrated inebriety, to be a disease.

*Lonergan *v.* People, 6 Park., 209; 50 Barb., 266; O'Brien *v.* People, 48 Barb., 274; People *v.* Williams, 43 Cal., 344; U. S. *v.* Drew, 5 Mason, 28; State *v.* McGonnigal, 5 Harling., 510.

†Lonergan *v.* People, 6 Park., 209; 50 Barb., 266 · People *v.* Hammil, 2 Park., 223; People *v.* Rogers, 18 N. Y., 9.

If this is conceded, what changes are needed to modify the law, as it at present stands, so as to fully preserve the rights of society, in its relation to the unlawful acts of inebriates, with a proper and just sense of the rights of the inebriate himself?

This contribution is made from the legal standpoint purely, and is designed merely to open this interesting discussion for both professions, to which such names as Dr. Norman Kerr, Dr. T. D. Crothers, Dr. Joseph Parrish, Dr. Charles H. Hughes, Dr. T. L. Wright and others will contribute the medical view, a discussion which I hope may arrest the thoughtful attention of the students of the subject throughout the world.

*SOME MEDICO-LEGAL ASPECTS OF INEBRIETY.**

By Norman Kerr, M. D., F. L. S., London.
Corresponding member Medico-Legal Society.

Consulting Physician Dalrymple Home for Inebriates. President Society for the Study of Inebriety.

Some English judges have held that drunkenness is no excuse for crime, while others have ruled that drunkenness is an aggravation, as was the law of ancient Sparta. In an exceptional case the ruling, however, was exoneration of punishment, on the ground that the inebriety was virtually insanity. Our various contradictory judgments taken as a whole, however, indicate, that by the general existing interpretation of English jurisprudence, the sobriety or insobriety of the accused, has little or no influence on the punishment.

That this legal ruling is unfair and unjust in many cases, few who are acquainted with the diseased condition and abnormal mental state of many inebriates, will deny.

There are practical difficulties in the way of a plea for inebriate irresponsibility on the ground of disease, as this plea might be greatly abused; but a mixed commission

* *Read before the Medico-Legal Society of New York, Nov. 9, 1887.*

of lawyers and medical experts in inebriety would, I feel confident, be able to discriminate certain forms of inebriety, which should fairly be held to be exempt from responsibility.

For example, there are many inebriates, the absence of whose power of control has not been occasioned by their own default. There are persons born into the world with an innate susceptibility to narcotic and anæsthetic action. If they so much as taste any intoxicant their whole organization is, as it were, set on fire without their consent. It may be urged that if they have once experienced this narcotic conflagration, they are blameworthy if they again "touch, taste or handle" the intoxicating cup. But on the first indulgence in the (to them) "forbidden fruit" they had no suspicion, they were perfectly innocent of danger. These had no control over their inborn narcotic susceptibility. I respectfully suggest to the mixed commission which I have indicated, that crime committed by such subjects of this delicate susceptibility to narcotic influences, should, for a first offense at least, be leniently considered.

The same consideration applies to another numerous class of inebriates who have not been endowed from birth with narcotic sensitivity, but who have been handicapped from their mothers' womb by a narcotic diathesis, a defective nervous and mental organism, or a deficiency of inhibitory power, which makes it extremely difficult to resist the potent influence of a neurotic anæsthetic, and renders them an easy prey to alcohol, opium, chloral, or

other inebriety. Yet these had no control over the too scanty stock of mental force, with which they were from the first supplied.

Is it just, is it equitable, that these heavily weighted individuals, should be judged by the same standard as their stronger and more healthy born fellows?

There are two forms of inebriety which ought clearly to exempt from criminal responsibility, viz.: the inebriety of insanity, and the insanity of inebriety.

In the inebriety of insanity, where the inebriate manifestation is the unmistakable product of an insane impulse, a crime committed in this drunken state, is the act of a person of unsound mind, for which he is no more responsible than for a similar criminal act, done in the absence of narcotics. In such cases the drinking or other narcotic indulgence is simply a phase of recurrent insanity. Drinking here is not the cause, but the effect of mental unsoundness. These cases are by no means rare, and it is a miscarriage of justice when such a madman is punished merely because he was intoxicated when he committed the offense.

By the insanity of inebriety, I mean specially alcoholic insanity, that state of permanent or apparently permanent mental alienation, which has been induced by long-continued, excessive indulgence in alcoholic intoxicants. If any one is deranged, whatever the cause of the derangement, he is now mentally unsound, unable always to discriminate between right and wrong, or to control his actions. That alcohol has been the *fons et origo* of the

lunatic condition does not affect his present state. He is now unsound in mind, and must, in justice, be held free from penal procedure.

In addition to these phases of insanity and inebriety, about which there can be little difference of opinion, there are other phases on which there are conflicting opinions. There is "*delirium tremens*," for instance, in an attack of which crime is sometimes perpetrated. I have again and again seen patients, undoubtedly insane for the time, quite unconscious of their actions, dead to all perception of right and wrong, and incapable of reasoning. I have seen a criminal act in this insane condition, prevented only by force, the patient having no recollection of the circumstances on reason returning. What good purpose can be served by holding this deliriate accountable for his deeds? On what sound legal plea can he be thus arraigned?

The same observation applies to "*mania a potu*," during the fits of which disease the patient is literally "beside himself." He is indeed a maniac for the time, utterly beyond his own control. The paroxysms of "*mania a potu*" greatly resemble outbreaks of epileptic mania. The explosion is similar in appearance, the whole man being overwhelmed and overborne in a tornado of convulsive madness, the only difference in many cases being that, the seizure is in one alcoholic, and in another non-alcoholic. Why should the one be exempt from criminal responsibility, and not the other?

It may be urged, both in "*delirium tremens*" and "*mania*

a potu," that the person would not have been mad, had he not partaken of strong drink. This is not absolutely true, as I have occasionally seen similar and (but for the absence of alcohol) undistinguishable insane paroxysms in the person of the abstemious, from inherited inebriety. But if it were absolutely true, there are many who are so constituted, that if they drink at all, they drink to madness. Temporary insanity is the penalty of their breach of total abstinence practice. If such should be punished at all, it should be, not for drunken madness which they cannot avert, if they only taste the (to them) maddening potion, but for DRINKING AT ALL. But if the subject of inherited inebriety, is to be punished for tasting a maddening intoxicant, which will provoke a paroxysm, so ought a gouty subject, for indulging in a glass of port. These will suffice as examples of cases in legal medicine, requiring careful reconsideration.

It may be granted by some that an alteration in the law is justified, yet contended that in suitable cases, there should be a plea for mitigation of penalties, where a diseased inebriate condition is established. But this would be of little value, though an improvement. Punishment is no cure for the disease of inebriety. Treatment is called for, and the wiser plan would be to consign the diseased inebriate to a curative institution, for a period long enough, to afford a reasonable hope of cure. If incurable, the insane inebriate criminal, should be permanently secluded, where he cannot be provoked by a narcotic excitant, to a paroxysm of maniacal criminality.

There are other medico-legal questions of deep interest, bound up in the jurisprudence of inebriety. The inebriate is deprived of his civil capacity in some countries, and rightly so. How unjust to allow the validity of a will whereby an inebriate has cut off his wife from succession, so far as he could do so, simply because like many a lunatic he has embodied a passing morbid hatred of her, whom he loved with the purest affection. She, poor woman, may have denied herself, for his and their children's sake, in order to secure his residence in a home where he may be restored to his right mind; and, while his inebriate madness continues, he therefore harbors a grudge against her.

But my time has expired. These suggestions are respectfully submitted to the Medico-Legal Society at the request of my honored friend, the president, Mr. Clark Bell, as a contribution to an inquiry of high import, to not a few physically and mentally diseased victims, of a jurisprudence based, not on modern science, but on our former ignorance, of the pathological nature of many forms of inebriety and insanity.

*THE MEDICAL JURISPRUDENCE OF INEBBIETY.**

By Anthony R. Dyett, Esq.,
of the New York Bar.

Medical Jurisprudence, sometimes called Legal or Forensic Medicine, or, as the Germans have it, State Medicine, may be called a composite science. It is neither law nor medicine, but a happy union of these sister sciences, to aid the former in the administration of justice.

And when we speak of the Medical Jurisprudence of Inebriety, we refer to the application of that science to the subject of drunkenness.

To understand and illustrate this, we should first ascertain the effect of drunkenness when it is an element either of criminal offences or civil rights.

As to crimes:

The commission of crime is often the attendant upon and the consequence of drunkenness. We find it laid down by Plowden as early as the reign of Edward VI. (1548), that if a person, while drunk, kills another, this shall be felony, and he shall be hanged for it, though he did it through ignorance, being occasioned by his own

* *Read before the Medico-Legal Society, November 9, 1887.*

act and folly, and he shall not be privileged thereby. The same doctrine is laid down by Coke in the Institutes, where he calls a drunkard a *voluntarius dæmon*, and says that drunkenness doth aggravate the crime. (3 Thomas Coke, 46.)

And Lord Mansfield said, in the celebrated case of the Chamberlain of London against Evans, in the House of Lords, in 1767, that a man shall not be allowed to plead that he was drunk in bar of criminal prosecution, though incapable of the exercise of reason, because drunkenness itself is a crime; and he shall not excuse one crime by another. It is a legal maxim "that a man shall not disable himself."

And this is the law of this State, as declared by the Court of Appeals as late as 1865, in People *v.* Kenny, 31 N. Y., 330, following a previous decision in People *v.* Rogers, 18 N. Y., 9.

When, however, the law of murder in our State was altered so as to require *deliberation* as well as premeditation to constitute murder in the first degrees, punishable by death, it was held that even voluntary intoxication, if so great as to render *deliberation impossible*, reduced the crime to murder in the second degree, which required only an *intent to kill.*

(People *v.* Batting, 49 How. Pr. Rep., 392, decided in 1874.)

By our Penal Code of 1876, section 22, it is enacted as follows: "No act committed by a person while in a state of voluntary intoxication, shall be deemed less criminal

by reason of his having been in such condition. But whenever the actual existence of any *particular purpose, motive or intent* is a necessary element to constitute a particular species or degree of crime, the jury may *take into consideration* the fact that the accused was intoxicated at the time, in determining the *purpose, motive or intent with which he committed the act.*"

As to injuries to the person or property of others, either by negligence or wilful act, for which a civil remedy is sought, if the wrong-doer be drunk *simpliciter*, he is liable for all damages by his acts, including exemplary damages. If insane *in consequence* of drunkenness, he is like all other insane persons, liable only for actual or compensatory damages.

(Krom *v.* Schoonmaker, 3 Barbour, 647.)

As to wills :

In Peck *v.* Carey, 27 N. Y., p. 9, the decedent, whose will was there sustained, had for years before his death been a confirmed drunkard and scarcely ever sober ; he had more than once had delirium tremens ; while crazed with drink he had repeatedly sought to put an end to his existence, and his efforts had finally proved successful.

After commenting upon these facts, Denio, C. J., pronouncing the opinion of the Court, said : "It is not the law that a dissipated man cannot make a contract or execute a will, nor that one who has the habit of excessive indulgence in strong drink must be wholly free from its influence when performing such acts ;" and he added that such acts would be valid and effectual in spite

of such influence, unless the testator were so much intoxicated that his brain was incapable of performing its proper functions, and he was therefore *temporarily insane*, or unless a fixed mental *disease* had supervened upon his intemperate habits.

As to contracts, the general rule, as laid down by Professor Parsons in his work on Contracts (Vol. I., 5th ed., 384, and Vol. III., page 416, *et in notis*) is, that the intoxication of the defendant, at the time of entering into the contract, is no sufficient defense, unless the plaintiff purposely procured or caused that intoxication and took advantage of it.

But *total* drunkenness, or a degree of intoxication *depriving the party of the use of his reason*, avoids any contract, whether at law or in equity.

And in the case of Burns *v.* O'Rourke, 5 Robt., N. Y. Superior Court Reports, page 649, it was held that partial intoxication at the time of executing an instrument, in order to avoid its obligations, is not sufficient, unless some circumstances of fraud or undue influence are added. The intoxication must be *so complete as to deprive the party of the use of his reason.*

Of course if *mania a potu* or *delirium tremens* has ensued as a *consequence* of the intoxication, the contract is absolutely void, as it is then the act of a person *insane* or *non compos mentis.*

But, as in the case of contracts of all insane persons, if the contract be made in good faith without fraud or knowledge of the insanity by the other party, and the

defendant has received any property under or benefit from the contract, it will be enforced so far as to compel *the return of the property or compensation for the benefit.*

Canfield v. Fairbanks, 63 Barbour, 461; Riley v. Alb'y Sav. Bank, 86 Hun. 513, 519; Johnson v. Stone, 35 Hun., 380, 383; Mut. Life Ins. Co. v. Hunt, 79 N. Y., 541.

Having thus briefly shown the effect of inebriety, the application of Medical Jurisprudence to the subject is readily perceived.

Witnesses who are skilled in any art or science may not only testify to facts, but to their opinions, as experts, because such witnesses are supposed, from their experience and study, to have peculiar knowledge upon the subject of inquiry, which jurors generally have not and to be more capable therefore than the latter of drawing conclusions from facts.

But a layman can testify only to facts within his own knowledge and observation, tending to show the soundness or unsoundness of another's mind; and, although he may characterize as rational or irrational the acts and declarations to which he testifies, his testimony must be limited to his conclusions from *the specific facts he discloses*, and he is not competent to express an opinion on the general question whether the mind of the person was sound or unsound.

Clapp *v.* Fullerton, 34 N. Y., 190, 194.

The same principle applies to cases of drunkenness *simpliciter* and insanity in consequence of it.

Medicine here becomes an invaluable ally of law in determining by the evidence of physicians, diagnostically, the extent of the inebriety, and how far in the given case it has affected the brain and mind of the patient, and whether it has progressed so far as to have developed insanity, as *mania a potu* or *delirium tremens*, or any other of its Protean forms, while without its aid all that could be proved by laymen would be that by his talk and acts the person in question *appeared* to be drunk.

*THE STATUS EBRIETATIS IN OUR COURTS.**

By C. H. Hughes, M. D.,
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By common consent, the inebriate, in relation to his normal environment, like the lunatic, is conceded to be out of harmony. Intoxication extenuates improper conduct in popular judgment, when that conduct is not extremely criminal in its character. So that, while inebriety by common consent modifies the popular verdict, upon conduct at variance with law and propriety in minor degree, actions highly criminal in appearance find no excuse for crime, because of the inebriety of their perpetrator. This unequal judgment is made, not because essentially there is nothing in inebriety that modifies and perverts the natural will, but because it is deemed unsafe to society to concede to inebriety an excuse for crime, or unlawful misdemeanors, and this chiefly because the condition of inebriety may be voluntarily induced, and a state of alcoholic irresponsibility might be assumed and simulated for criminal and other unlawful purposes. But the fact exists and remains

* *Read before the Medico-Legal Society, Novembr* 9, 1887.

that a condition of the brain may be induced by alcohol, both voluntarily and involuntarily, in which the normal brain volition and natural impulses are changed and at variance with the natural character—a diseased condition of the brain, chiefly and most directly in its circulation, but underlying that its most minute organization.

There are inebriates who cannot help being such. They are victims of a neuropathic endowment bequeathed by a neurotic and unstable brained ancestry, who come into the world dowered with a heritage which as certainly and fatally leads to inebriety, under slight injudicious indulgence, as in other branches of the same neuropathic family, the more palpably seen and undubitably recognized forms of nervous disease, such as epilepsy and mania, are developed from slight causes, which would not, in more fortunate individuals, have brought into view anything abnormal.

This latent neuropathic heritage which, in the one case determines an inebriate, in the other a lunatic, an epileptic or a paralytic, should be taken account of as an accessory before the fact at least (and in this case contrary to legal precedent), should exempt, in a measure, the victim, whose crime is only possible because of the overpowering influence of this antecedent neuropathic accessory. In this case the accessory is the tyrant-principal.

The law, it is clear, in every case of inebriate misdemeanor, should go behind the police records and look into the neurological history, and discover, if possible, the ancestral and immediate organic factors which may mod-

ify or make impossible full responsibility, by fettering or preventing the normal volition. The will can not be free though it may appear so, *prima facie*, in an individual so tyrannically endowed that he cannot pass a saloon without entering it to take a drink, even though in doing so he violates all the proprieties of life, his own previously formed resolutions and his highest interests.

There are, undoubtedly, elements of disease in inebriety, as there are elements of crime in it. It should be the duty of the law, instead of regarding its victims always as criminal, when they are arraigned for crime or misdemeanors, to inquire diligently how much is crime and how much disease; how much are the natural character and inclination changed by overpowering and non-preventable disease, and to what extent might the disease have been averted.

Here the intelligence and self-knowledge of the individual as to his organic make-up, should become a lawful question, as I believe it should in every question of mental derangement or mental soundness.

A toxhæmic influence, powerful enough to produce indurative changes in the brain, to harden the albumen of the tissues, and produce cerebral sclerosis and peripheral neuritis, as well as the more immediate vaso-motor paralyses and consequent vascular disturbances of the brain and other viscera, cannot be, and ought not to be, ignored when the normal functioning of the organ affected by it, whether stomach, liver or brain, is in question. Where immediate physical aberration does not

follow alcoholic toxhæmia, it may follow and is apt to appear in a succeeding generation. The alcoholism of one generation may be, and often is, the insanity or epilepsy of the next, or *vice versa.*

The record of neuropathic decadence due to alcohol, as given by *Morel* and confirmed by all observations since, should convince us without the necessity of further illustrative example here, that the volitional impairment and psycopathic and other neuropathic perversions of alcohol, as patent significance and worthy of judicial consideration as the recognized crime and vice it engenders. Alcohol entails disease of the brain as certainly as it vitiates morals and fosters vice.

It is certainly a very imprudent kind of jurisprudence that takes legal account of the one class of effects, and does not recognize the other.

As I write this note I have in mind the unvoluntary criminal record, of a young man of otherwise reputable family, who is now serving a life sentence for the automatic alcoholic murder of a dear relation, murdered incidentally and accidentally, and, I believe, as stated by the young man, not consciously, whose home, beginning with the germinal life in his mother's womb, was in a bed of alcohol, whose conception proceeded from and was consummated by a chemically alcoholized father and mother, who became himself a periodical drunkard in early boyhood, and an involuntary matricide at twenty. The Governor, in view of the extenuating circumstances of this unfortunate young man's birth and

hereditary environments, justly, we think, commuted his sentence, for only the Great Omniscient, who knows the frame of such unfortunates, and considereth the unseen elements that so modify responsibility in the organic potency of impossible hereditary morbid endowment, could determine the exact extent of this young man's guilt.

The history of the O. Z. family, as detailed by me in the Alienist and Neurologist, Vol. III., No. 4, is but a sample of a class of cases continually obtruding themselves upon the attention of the Neurologist, to mould and modify his convictions, at variance with the commonly promulgated view of the law, that the inebriate is always responsible for his conduct, and sometimes held as doubly responsible, because both of his intoxication and its sequence. Unlike the Law, sound Neurology and Psychology would inquire into the pre-determining organism, and the responsibility of the criminal for the organic conditions, if any, which may have pre-determined the apparent crime.

THE ATTITUDE OF LEGAL MEDICINE vs. THE DISEASE OF ALCOHOLIC INEBRIETY.

By Edward C. Mann, M. D., Brooklyn, N. Y.

President New York Academy of Anthropology; Medical Superintendent Sunnyside Private Hospital for Inebriates, the Morphine Habit and Diseases of the Mind and Nervous System.

The present law holds drunkenness to be no excuse for crime. The disease of dipsomania is not drunkenness. The state of intoxication is merely one of many symptoms of the disease. True dipsomaniacs are totally irresponsible for acts committed immediately before, during and after attacks, just as epileptics are; because of their intellectual condition before the paroxysm of inebriety, on account of the impulsive character of their actions, and on account of the toxic delirium with which it is often followed. The great reason why the dipsomaniac is not responsible is, *because he is not master of his desire to drink.* Even in his lucid intervals the dipsomaniac is not a normal man, and there is a modified responsibility attached to all his acts. *The dipsomaniac is a sick man to be cured, not a criminal to be punished.* Dipsomania, the great diagnostic mark of which is an irresistible craving for alcohol in some form, coming on

at regular intervals of either day, week, month or year, as the case may be, may be hereditary and evolved with the natural evolution of a person's organism, or it may be due to post-natal conditions.

Paroxysms of dipsomania are generally preceded by depression, insomnia and excessive nervousness like the other insanities. What now is the real essence of this disease? It is deranged organic or special sensation or impulse, which manifests itself, not as in ordinary insanity by suicidal or homicidal impulse, or by the morbidly erratic feeling which misleads the judgment and conduct of the kleptomaniac, pyromaniac or nymphomaniac, but owing to the changing and misleading subjective impressions of the dipsomaniac, he is compelled against his will and judgment, by a blind, irresistible impulse, to seek, in excessive indulgence in alcohol, for the relief of this subjective, morbid condition of his nervous system. The craving is beyond the control of the patient. He cannot help it. His drinking is the product of disease. He is a sick man. He is misled and perverted in the exercise of his psychic powers by abnormal conditions of his brain and centric nervous system. I have seen dipsomania or alcoholic inebriety in its hereditary forms exhibit: 1st. An abnormal aptitude, requiring an additional excitant factor to develop it into active morbid expression. 2d. The inborn defect, so great as to require only the natural organic evolution of growth to reveal it; and 3d. Still greater, not requiring even this to unfold it. I have seen it displaying itself in

states of organic retrogression and nerve instability, so extreme as to be perceptible at the earliest period, when the display of mind is perceptible at all; idiocy, imbecility and infantile insanity.

Morbid organic conditions, therefore, lie at the root of this disease. Take the case of a lady whose normal character is pure and correct, whose intellect is vigorous, who in her habits is most abstemious, who, as a rule, never drank anything stronger than tea, coffee or water. This woman becomes depressed without adequate cause, suffers from insomnia and suffers from great nervousness. Then comes on a craving or impulse for alcohol, and perhaps a fondness for low society. She drinks till she can drink no more, until intoxicated; perhaps drinks for several days; is then horror-struck and filled with remorse, and is perhaps ostracised by her nearest and dearest friends. Now, why has she done this? Surely not because she wanted the liquor and merely chose to indulge in alcohol to excess. She has obeyed an impulse or craving which she could not resist, which very likely she fought against. She could not, however, successfully fight against the subjective morbid change in her organism which caused the craving. That has to be removed, if at all, by a careful course of medical treatment and remedial restraint. That woman is not morally responsible, either for her paroxysm of dipsomania, nor for any overt act which she may commit in it, and she is liable to commit suicide, or homicide, or to become a kleptomaniac or a nymphomaniac. I have

treated a score of just such cases, and am very sanguine about their cure. I think that law should respect and accept the teachings of science, when the latter declares authoritatively that dipsomania and alcoholic inebriety is a disease, the subjects of which are laboring under a species of mental alienation and not morally responsible. The subjects of this disease demand the protection of medicine and law, and not fine and imprisonment, and from my personal experience of sixteen years I cannot make my plea for them too earnest. The disordered impulse or craving for alcohol, and in like manner for chloral, opium and some other drugs, dominates the character and morbidly masters the reason and the conduct. My experience and observation show the frequent interchangeability of alcoholic inebriety with grave diseases of the nervous system and mind, in which the neuropathic diathesis prevails. The dipsomaniac tendency of the constitution in some families seems vicarious, with the acknowledged or recognized neuropathic. I have frequently seen one branch of a family show insanity, epilepsy or organic brain disease, and another reveal the neuropathic taint in dipsomania. The chief triumphs in the therapeutics of dipsomania, belong to the plan of treatment which places the patient under medical supervision and restraint, maintains the physiological tone of the vaso-motor system, and which reestablishes the perfect stability of the higher cerebral centres, the psycho-motor and the psychical, up to the point of their highest resisting power. Rest, diet and

recreation are to be insisted upon, sleep encouraged and time be given for rest of body and mind. Rest is a condition of nerve repair and power, and want of rest causes much neurasthenia and brain disease. Depression, insomnia and nervousness in the inebriate must all be removed by proper treatment and a trained resistance of the nervous system to the disease brought about. The patient must be kept under treatment for months, until the nervous system becomes vigorous, well poised and adequately recuperated. A strong brain and a well-nourished nervous system is the state of physiological antagonism to the disease of alcoholic inebriety. Everything that tends to undermine, nerve stamina and induce nerve disintegration must be stopped, and recuperative conditions and physical regeneration brought about in the inebriate, by all the means in our power. We must teach our patient how to build up his brain instead of exhausting it. Alcoholic inebriety from post-natal causes, is a preventable brain and nerve disease. Inebriates should be forbidden marriage *always*, both by public opinion and by law, for the disease will breed its like. *We need to stamp out the hereditary descent of organically defective persons.*

The world needs sound brains and vigorous nervous systems, and progressive men should work to this end, so that dipsomania and kindred neuropathic diseases may be stamped out and suppressed. As long, however, as the disease exists, let the subject of it occupy their proper medico-legal relation, which is one of irresponsi-

bility deserving protection by the courts. I am not unmindful of the fact that rules of law must be framed with a view to protect the accused, as well as the community, but I fail to see that public policy requires that sick men should be punished.

*JEWS NOT ADDICTED TO THE USE OF ALCOHOL.**

By Moritz Ellinger, Esq.

The intemperate use of alcoholic and vinous beverages has become one of the recognized vices of modern times. Statesmen and public economists have occupied themselves with the problem how to check the growth of a vice which has already assumed dimensions that foreshadow a threatening epidemic. In no country, however, has the agitation for a correction of the evil been carried with such forcible energy and persistency as in ours. Temperance societies have sprung up all over the country, and a party which presents almost as its single issue an uncompromising warfare against the manufacture, sale and use of intoxicating beverages is gaining daily in strength and influence. I must confess that in my opinion the formation of such a party is a misfortune, as it cannot fail to have an opposite effect from what its leaders and advocates intend. Temperance lectures, temperance sermons, temperance societies are proper. They appeal to the moral sense, to the innate manhood, and will act as a regulator for the gov-

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ernment of unnatural appetites. But the total prohibition of bounties which mother nature has vouchsafed to us will rather increase a desire for them than otherwise, and the fact that they are sweets which have to be tasted in secret will augment the passion. The paradisaical apple having been stamped as a forbidden fruit brought forth the tempting demon-snake, who proved stronger than the Divine command.

The Jews, who have an unbroken history for nearly 4,000 years, whose continuous pilgrimage from land to land and continent to continent made them inhabitants of every clime and brought them in close and intimate contact with almost every nationality on the face of the globe, are outside of the movement for the correction of the vice, the existence of which is so much deplored, and in which the eloquence, the earnestness, the power of some of our best leaders of society are enlisted. It is a recognized fact that they are singularly free from this vice, but are not total abstainers. As a general rule, they are good livers. They enjoy the gifts of God, but have been educated to keep within proper bounds. I will endeavor to assign some of the causes which, in my opinion, have made them a race of temperate habits and have protected them against the snares and wiles of the tempter who works such terrible havoc among all classes of society and breaks up families, whether they live in palaces or hovels.

One of the first causes is purely ethnological. You will find on an examination of the races that dwell in

frigid, temperate and torrid climates that the former are more prone to imbibe strong alcoholic beverages than the latter. I say alcoholic beverages, such as pure alcohol distilled from grain and grape. The Scandinavians use the strongest kind of these beverages, and the next are the Celts. The England of former days was also a land where the drinking cup dominated the dinner table to an extent unknown in more southern latitudes. Probably one of the chief characteristics of merry old England was the fact that the majority of the Squires did not rise from the chair upon which they were seated while partaking of the meal, but from the floor where they had fallen in a drunken debauch. The German Knight gave an evidence of his prowess and physical strength by draining a bumper of the largest size at one draught, and a home in Ireland without the poteen would be a sorry place for the inhabitants to dwell in. The cup, though it does inebriate, nevertheless cheers. France, the country of light wines, has known very little drunkenness until the consumption of absinthe has added a stimulant which has produced disastrous effects that call for corrective remedies. Germany, the land of beer and beer brewers, consumes comparatively small qualities of "burnt water," and drunkenness prevails to a smaller extent than in England, Ireland and the northern countries. Russia and Poland, on the other hand, are dotted all over with inns that dispense strong alcoholic drinks, and the "Pope" is as much brutalized by it as the "Muschik." The farther south

you come the greater is the sobriety of the people. The Italian drinks his light wine, but he does not intoxicate himself, and the Italian contingent of this continent is characterized by great sobriety. Mohammed forbade the use of wine and alcohol, and drunkenness is very little known in Mohammedan countries.

With the Jews the grape was looked upon as one of the most precious gifts of God and its enjoyment as one of the legitimate pleasures of life. "Wine gladdens the heart of man," says the Psalmist. "And Melchisedek, the priest of the most high God, brought forth bread and wine," we read in Genesis. There are many dispersed passages in the Talmud which point out the beneficent effect of a moderate use of wine and the harm wrought by an intemperate use. In Talmud Babli, (*Berachoth* 59) we read: "Wise people drink wine and it benefits them, but the ignorant masses are hurt by it." In *Yoma* we read: "If a man is virtuous, wine will do him good; if not, it will destroy him." Wine was used at the sacrificial offering of the Temple, and from there passed into the religious ceremonies in Synagogue and Temple. Sabbath evening a benediction was spoken over a cup of wine after the evening service, and the Friday evening meal, as well as every meal on Sabbath and festive days, was initiated with such a benediction. The father then tasted of the wine and passed the cup to his wife, after which it was passed to every member of the family that was seated at the table, also to the guests that happened to be there, as well as to the domestic help. At

the ceremonial service on Passover eve it was a religious command to empty four cups of wine, and the congregation was enjoined to see to it that the poor were supplied with it. The practice of saying a benediction over the wine cup as one of God's precious gifts was in itself a corrective against the abuse of it. This in connection with the fact that the moderate drinking of wine was looked upon as an integral and indispensable part of the festive meal on days of rest, recreation and religious commemoration contributed no little toward inculcating the lesson, that God has granted the gifts of nature for use and enjoyment. All the social enjoyments centred around the home. The father was its high priest and the mother the divinity. The conclusion of the festive meal was invariably followed by the singing of hymns, and a prayer opened and closed the meal. Thus every Sabbath constituted a family reunion, and the repast partook of a religious character. Debauchery, lasciviousness, promiscuous gathering of the sexes were made impossible, and an unnatural appetite was curbed by the restraint of religious practice. Drinking, for the sake of gratifying a passion, became unknown, and this education carried on for centuries has made the Israelites a race of sobriety and practical temperance. Of course, these practices have gone out of date with modern Jews, but the Jews have retained the disposition incurred by the training of ages. Nevertheless, society may learn a lesson from it, and it is simply this, to leave the control of unnatural appetites to home influence and

training, and impress the parents with the fact that theirs is the responsibility of their sons' and daughters' formation of character. Legislative enactments can accomplish very little, the example of father and mother, the education by the teacher and preacher, must do everything, and especially woman can exercise an overpowering influence in this direction, not by public agitation, not by the formation of praying bands, but by the quiet and determined influence which she wields at her home and in society at large. Let the drunkard be excluded from refined homes and society; let the young girl refuse to recognize the young man who is guilty of intemperate indiscretion; let her grace the public and private banquets by her presence, and let the women of the land preach incessantly against the practice of treating which is much the cause of the prevailing passion for drink. Of course the drinking saloons should be under legal restraint, and every proprietor held responsible for the drunkard who is supplied with liquor in his place. Deprive the saloon of its attraction by making the home more attractive by greater liberality. Do not preach a crusade against moderate indulgence, do not preach prohibition, but temperance. Keep within the legitimate and natural boundaries of reform and society can accomplish a great deal. But beware of handing over the question of temperance to the mercies of the politician. You consolidate thereby the material interests into a compact and determined body, and by the fanaticism thereby aroused make drunkards of persons that would

otherwise keep within legitimate bounds. The house, the school and the church are the places for the promulgation of temperance; within these all efforts must be concentrated. Should you fail there you will in vain seek for the remedy within the halls of political lawmakers. You can educate the citizen to be a man of temperate habits, but you cannot legislate him into it.

*THE MEDICO-LEGAL TREATMENT OF COMMON INEBRIATES.**

By L. W. Baker, M. D.,
Superintendent Family Home for Nervous Invalids, Baldwinville, Mass.

The healthy human organism has no need of alcohol, chloral or opium. These drugs are undoubtedly useful in conditions of disease but fulfill no necessary office in health. When their use is, for any reason, long continued they tend to establish a morbid habit which, from the changes produced in the cerebral centres, is extremely liable to pass the border line of self-control when it becomes a positive disease requiring medical care and treatment.

I shall not now discuss any of the causes, hereditary or otherwise, which lead to the formation of the alcohol habit. Neither shall I consider the early period of this habit, or those peculiar periodical outbursts of perverted nerve force, known as attacks of dipsomania. I simply desire to call attention very briefly to a single class of inebriates and to a later stage of the disorder, when, no matter under what circumstances its use was first commenced, the drug has produced its peculiar effects upon

* Read before the Medico-Legal Society of New York, Dec. 14, 1887.

the nutrition, and perhaps structure, of the nervous centres whereby the alcohol habit becomes firmly established.

Here we have an entirely different condition of affairs from that present in the occasional drinker who chooses to drink now and then for social or sensual gratification only. A distinction must be made between the self-controlling vice of drunkenness, or acute alcoholism, and the irresistible impulse of disease. The danger of course is, that the moderate drinker will occasionally indulge to excess and later on become the confirmed inebriate, but when the desire for alcohol has passed beyond the power of self-control there is present a positive condition of disease, perhaps not always characterized by changes discoverable at the autopsy, any more than in many cases of insanity, but an abnormal condition of the central nervous centres exists which demands alcoholic stimulation. In the class here referred to alcohol is the cause of the diseased condition, the deterioration of nerve element produced by the drug is the cause of the continued desire for alcohol. The vicious circle is complete and until these facts are clearly recognized by our law makers and by the public at large our methods of dealing with the chronic inebriate will be as irrational and unscientific as they have been in the past.

I doubt very much if a confirmed drunkard was ever reformed by punishment. This idea carries us back to the time when insanity was regarded as an indwelling evil spirit to be driven out by chains and the lash. In-

ebriety is not a crime to be punished, but a disease to be treated. We have for generations punished the chronic drunkard by fines and imprisonment, and still the great army of inebriates is undiminished by our efforts while the tax upon the community for its maintainance is simply enormous.

At the International Prison Congress in 1871 it was stated that not one in a thousand persons committed to jail for inebriety ever recovered. Before a committee of the House of Lords in England men of the largest experience testified that they had never heard of a case of reformation of inebriates from punishment by fines and imprisonment. This testimony is confirmed by prison authorities all over the country. In the vast majority of cases the first sentence is speedily followed by others. In 1879 Massachusetts punished by fine and imprisonment over 17,000 inebriates more than 16,000 of whom had been in prison before. Of the 56,000 inebriates coming under legal notice in New York in 1852 less than 1,000 were punished for the first time. All others had been sentenced before for the same cause. One man has been sentenced to Deer Island, near Boston, seventy-five times for drunkenness, and many cases have been known of men who have been sent to jails and workhouses from twenty to two hundred times for the same reason.

The penal treatment of inebriety pays but very little if any attention to the physical or mental condition of the inebriate. It removes the victim from his alcohol,

but does not consider the weakened and diseased nervous system which has been caused thereby. Regarding him as a criminal it places him in association with the lowest felons by which the worst elements of his nature are aroused and strengthened. Ignoring the element of disease it neglects all the means of restoration to health which are so important in these cases, and surrounds him with influences admirably calculated to increase and perpetuate his malady.

The lower classes of our larger cities are, from the very nature of their education and surroundings, predisposed to the excessive use of alcohol, while the unhealthy physical conditions under which they live are fertile causes of disease. To transmitted or acquired degenerations is very frequently added the deterioration produced by alcohol giving a complication of diseases which no penal institution is competent to deal with.

Fines and imprisonment have thus far failed to cure or check the evils of alcoholism. Is it not, therefore, important that other means more in accordance with the truths of science should at least receive a fair trial? Instead of sending the chronic inebriate to the penitentiary as is now the custom he should be committed to an Inebriate Hospital, properly arranged for this special purpose. These should have legal powers of detention and control similar to those of our best asylums for the insane. They should be located on large farms, away from the cities, and should be supplied with the various industrial appliances for the occupation of the

patients, and in charge of physicians who have made special study of the care and treatment of inebriates.

Every county should establish and maintain an Inebriate Workhouse Hospital and our laws should be modified so as to compel the commitment of inebriates to these institutions rather than to the county jail. In this way the unfortunate victim of the alcohol habit will be placed under the best possible conditions for his recovery and restoration to society, or if proved to be incurable he will thus be provided with an asylum where he will in a measure be self-supporting and prevented from further injury to himself or to others.

We humanely provide asylums for the chronic and helpless cases of insanity, why should we refuse similar provision for the incurable inebriate? Both classes need asylum care if for no other reason than to prevent the transmission of the insane and inebriate diathesis to succeeding generations.

The results thus far obtained from the hospital treatment of inebriety in both public and private institutions, are sufficient it seems to me, to warrant a more extended trial of this method by our State and municipal authorities.

*THE MEDICAL JURISPRUDENCE OF INEBRIETY.**

By M. Louise Thomas.

I know of no question within the range of human thought so difficult of discussion and so impossible of solution as the "Jurisprudence of Inebriety," and if this was all of the subject before us to-night I should declare the task hopeless.

It is appalling to consider how much of legislative action has already been had, and to how little purpose to stem the tide of inebriety. We have laws to manufacture, and not to manufacture intoxicating liquors. We have low license and high license, and local option and prohibition, tax for revenue, Maine law, and to guard minors, and wives, and confirmed inebriates, and so many other forms of law that their aim is defeated as much by their number as by their general weakness. Friends of temperance shake their heads with sad forebodings, while those engaged in the traffic lift theirs in proud defiance, and thoughtful minds are led to doubt whether laws can be framed that will guard equally the individual and the state, punish the violator of law, and yet allow a just liberty to all.

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But, adding a third side to our angle and making it the "Medical Jurisprudence of Inebriety," we have a proposition which in symmetry of thought and reasonableness of purpose awakens a hope that even that stupendous evil, which, to paraphrase the words of another, is "the source of all human miseries," may not be entirely beyond control.

It is so reasonable to conclude that inebriety, in all its forms and every stage, is a disease, following distinct lines of tendencies, developments and effects, that I marvel it has not so stood upon our statute books from the first. Every symptom, from the awakened morbid appetite, through all its stages, down to final darkness and death, attest the helplessness of the victim, and call for the enlightened skill and guiding care of the wise physician. The wonder grows why leading temperance workers have not sooner perceived this point and called upon medical science, from whence their help must come.

I dare not declare with many others, most excellent people, that the desire for any and every sort of stimulating drinks is in itself altogether wrong and sinful. It may be so, but if so, then all laws permitting, licensing or countenancing the traffic are also sinful. We have no more right to license this than any other form of social crime or evil. It seems to me to be a natural appetite or instinct, the same as hunger or thirst or any other natural human desire, and the abuse of it is what makes the trouble.

It is found among all kinds and conditions of men, in

the earliest savage tribes and among civilized races. It is expressed in a love of tea and coffee and high spices, as well as in the use of fermented drinks, wherein, not only the grape and the grains are made to do service, but also all the fruits, the milk of the cocoanut, and even the honey, that nectar of the flowers, food fit for babes, are made to yield by fermentation most active and virulent intoxicants. And still further, if public manufacture were wholly stopped by statute to-day, it would be found going on to-morrow in cellars and caves and hidden places of the earth, until the public mind shall be educated to perceive and understand its danger as a promoter of disease.

It is the abuse of this natural appetite, then, and this ready ingenuity in gratifying it, together with a general ignorance of the fatal character of the disease, that forms the chief obstacle in the way of its removal and final cure.

Men are prone to over-indulgence in the things they desire, whether for rich food or for gold, or for any other seeming good, and may go to their destruction in any of these directions unless guarded by enlightened reason.

The learning and skill of the doctors is supposed to keep watch and guard over all conditions of life and death and disease, and to them is referred its most important questions. They declare that certain contagious diseases are in the air, or are approaching our shores, and straightway the law directs the ports to be guarded and all suspected cases to be kept apart. They say leprosy is a common danger, and the lepers are shut

away at the public expense; they direct the treatment of the insane, and costly asylums are erected and sustained for their comfort and cure; they show pleuro-pneumonia to be dangerous, and the law says: "Wipe it out, even to the entire destruction of all infected herds, no matter what the money cost may be."

All these dangers together, and multiplied an hundred-fold, must yet sink into insignificance compared with the evils of inebriety, so fatal to its victims, so crushing to families, and so costly to the state. But when the same distinguished medical skill shall come forward and boldly and firmly declare that inebriety is a disease and only a disease, that it must be met and treated as a disease, that the patient must be cared for, restrained and cured, not only as in the cases already cited, but with infinitely greater care, and still further, as a means of prevention, that the young who are as yet untouched by its baleful influence shall be educated in the schools to know its true danger and to avoid it, not merely because the law says so, but because over self-indulgence in any direction is hurtful, then, and not till then, medical science and the law walking hand in hand, may we hope that inebriety may be swept from the earth. Asylums, almshouses and prisons will no longer be needed, capital will be turned into clean, legitimate channels for the prosperity of the whole people, and then shall come to pass that heavenly era, the promised millennium of "Peace on earth, good will to men."

*PRISON EXPERIENCES.**

By Lucy M. Hall, M.D.,
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What makes the inebriate, or, in rough Saxon, Why do men get drunk?

Twenty years ago no one asked this question. Now there is hardly any one who is not asking it.

That every morning a vast army of people should arise in the possession of their sober senses, who before the day is over will, by their own deliberate act, become stupid, stumbling imbeciles, or frenzied, dangerous maniacs, has at last presented itself to the mind of the scientific world as a problem, and more, as a problem which requires solution. Following closely upon this has come the other problem, What shall we do with the inebriate?

Of more than two hundred inebriate women examined and subjected to the most careful scrutiny by me, I found more than seventy who gave what seemed conclusive evidence that somewhere in their wretched history they had passed the point where self-control is lost, and poor human nature is left helplessly to follow wherever the temptings of a remorseless appetite may lead.

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Here is a woman, well reared, always sensitive and proud, once beautiful and rich, who, for a score of years, has been making her dreary round, drunk to-day, arrested and sentenced to-morrow, forlorn, hopeless, deserted by friends and foes alike, one of humanity's dregs, and yet maintaining a sort of remnant of her old-time stateliness and refinement of manner, when the prison doors are barred between her and her tempter. Every shadow of her perception of self-control has long since passed away. The sight or odor of intoxicating liquors throws her into a state of frenzy as loathsome as it is uncontrollable. Her moral sense is absolutely nil.

Here are two others, young girls scarcely sixteen years of age, one blue-eyed and sunny-haired, the other dark, but equally pretty and pleasing. What have these two in common with the poor wretch just described? Only this, they are drunkards. Never in their lives have they been able to leave untouched any intoxicant which was within their reach, nor to desist from its use until completely stupefied.

These are but three, culled from a motley procession. The two latter are hopelessly tainted in the ultimate cells from which their nerve centres were builded, for they are the children of drunken parents. Of the former, and the class which she represents, it is difficult to decide where the mental decadence reached a point from which return to normal standards became impossible.

We speak of the human will as though it were an independent entity, whereas, this factor of the intellectual

machine is really only the resultant expression of many opposing forces, none of which can be accurately weighed. Certain of these forces by some sudden, sharp or decided impression may, under favorable conditions, be so stimulated that self-control becomes easy, whereas, under other conditions, it would be impossible. Again, care and attention and a gradual upbuilding of the system will ensure a response from the brain forces, which will protect the inebriate from lapsing into his besetting vice.

In either case there are, no doubt, molecular changes in the brain cells. If these changes remain and acquire permanency, the cure is lasting; otherwise it is but temporary. But there comes a time in the course of every unreclaimed inebriate when no such response from the governing forces is possible.

There were many of the two hundred unfortunate women above noted, who, so far as human wisdom can penetrate the secrets of the human organism, gave no evidence of having lost, or of never having possessed, the nerve and will power which would enable them to control their tendency to inebriety. There were others who exhibited the peculiar nervous phenomena which mark the initial stage of irresponsibility, as the unstable state of the emotions, the lowered moral sense, the general breaking up of all that which goes to fortify character in the individual.

If a cure is not wrought before this condition becomes pronounced, there is little hope, and it is just at this

stage that the heaviest censure is heaped upon the unfortunate wretch, still further degrading him who is already beaten down by a sense of his own degradation, and the help, encouragement and control withheld which might prove his salvation.

Thus the question: "Why do men—or women— get drunk?" resolves itself into a psychical and pathological study of the most profound and the most perplexing nature. Much has been achieved in the last few years, but the problem is yet but partially solved. In our eagerness to correct old errors we must not fly to an opposite extreme.

All the strength of the victim and of those who would rescue him is demanded in this, the grandest work, the mightiest movement of our century, the cure or care of the drunkard.

As there is pre-cancerous stage of cancer, a prephthisical stage of phthisis, a stage in which the tendency is strongly developed, but may be warded off by proper measures and the patient rescued from his impending doom, so in inebriety, *if the tendency is not too pronounced*, timely aid will save him. When the last stages are reached, and the poor drunkard has sunk to that beastly condition where he seems to have lost his kinship to humanity, when there is no sentiment left to which you can appeal, nothing in him which can be awakened in response to your desire to rescue him, the opportunity is lost. As well try to cure advanced cancer or phthisis as to cure him.

To affirm that the habitual inebriate is as sane and responsible as is his sane and temperate brother, is absurd. No man or woman believes it.

This does not imply that society is to be at the mercy of the frenzied and dangerous inebriate; it implies just the reverse. For in just so far as the inebriate is irresponsible, just to that degree is society responsible for him, and this responsibility can only be discharged by the putting forth of every effort on the part of society to protect and reclaim him.

It is needless to say how poorly and inadequately this duty is being discharged, how stupidly and egregiously the errors, which are the result of old and unscientific modes of thought, are being perpetuated in the accepted methods of dealing with these unfortunates.

Every boat which goes to Blackwell's Island, freighted with its throng of blear-eyed and dejected humanity, is a protest against these methods. Every boat which returns, with an equally numerous throng, like the others except that they are a little more degraded and forlorn, is a protest. The nine-tenths of this just liberated throng, who will be returned, battered and begrimed, so soon as they have had time to complete the cycle of another debauch, another arrest, and another summons to appear before "his Honor," are a protest in the same direction.

Every correctionary and penal institution in the land, its cells crowded with inebriate wrecks, or those who have become criminals because they were first drunk-

ards,—every hospital and poorhouse and insane asylum, all our burdened charities, all the rum-wrecked homes, the disgraced and ruined families, stand as a bitter reproach to the law and the administration of the law as it affects the inebriate.

Lack of time and space forbid a further elaboration of the subject. I can only repeat what with tongue and pen I have so many times reiterated: All legislation with regard to the inebriate should be for his protection. He should not be classed as a criminal nor treated as a criminal, for inebriety alone.

Upon the other hand, he should be regarded as irresponsible, if he fail to control himself, and his course of self-destruction speedily arrested. Every effort which science can suggest should be put forth for his recovery. Failing in this, he should be shielded, and his powers for happiness and usefulness conserved, by a system of control the least degrading, the most humane, but at the same time the most absolute and perpetual, which human ingenuity can devise or human power enforce.

*THE SCIENTIFIC STUDY OF INEBRIATE CRIMINALS.**

By T. D. CROTHERS, M.D., Superintendent Walnut Lodge, Hartford, Conn.

The question of the sanity or insanity of an inebriate criminal in court has so far been decided on theory, law and precedent. Medical testimony is made to conform to legal theories and court-rulings, irrespective of all other conclusions. Courts have dictated to science what the test of responsibility should be, and given definitions and explanations of abnormal conduct, requiring the medical witness to bend his views to such theories Not only has the law laid down arbitrary lines, as if they were fixed principles of nature, but it has assumed to decide all questions of brain health on the same basis, accepting scientific evidence only so far as it sustains such theories.

Medical testimony in courts indicating insanity, that is not sustained by overwhelming evidence, comes under the suspicion of prejudice in the prisoner's favor, or incompetency of the witness. The practical result from such errors is a degree of confusion, injustice, and great wrong, that is a sad reflection on the intelligence of both

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the medical and legal professions. My object is to call attention to the *inebriate criminal*, and to indicate the scientific methods by which such cases are to be studied, and to show some errors which have followed from the failure to understand the facts in these cases.

The inebriate appears in court as a criminal, the crime is admitted, and the question is raised of his mental soundness. It is asked: Did the prisoner at the time of committing the crime realize the nature and consequences of his acts and conduct? Had he the power of self-control to have done otherwise had he so willed? Was the inebriety and crime voluntary and with motive? or involuntary and without motive? From the answers to these inquiries, the mental health and condition of the prisoner is determined.

The scientific expert who is called to answer these inquiries should approach the problem without any knowledge of the legal rulings and questions of responsibility of such cases, held by courts. His province is simply to examine the facts, and the conclusions which they seem to indicate, which are in harmony, with the laws of nature.

As a scientific expert of the phenomena of the mind and its morbid manifestations, he is not called to determine questions of legal responsibility, but must point out the facts, show their accuracy and meaning, no matter what the consequences or conclusions may be. This cannot be ascertained from newspaper reports, statements of counsel, or slight examination of the pris-

oner. Such a study, to be accurate, should begin and follow a general order of facts, as follows:

1. Legally the crime is first studied, but medically this order is reversed. First, study the history of the criminal, then the crime. Often a history of the criminal distinctly indicates the nature and character of the crime. The *heredity* of the inebriate criminal should be the first object of study. From a knowledge of the defects and diseases of the parents, of their strength, conduct, and character, a general conception can be had of their descendants.

2. A study of the prisoner's early growth, culture, training, nutrition, surroundings and occupation, reveals many facts indicating the brain capacity or incapacity to act normally.

3. The inebriety of the prisoner still further points out his mental condition. The origin, duration and character of the drink impulse, are most important facts for minute study.

4. The nature and character of the crime, the associate circumstances, including the inebriety, all bring additional evidence pointing out the actual mental state of the prisoner. From a systematic study of this kind, the prisoner and his crime will appear clear and distinct. Not as an outburst of vice and wickedness, but as the natural sequence of a long, progressive march of physical events. Inebriety and criminality are not accidents, but the products of causes, the outcome of conditions, which have grown up in obedience to laws that move

on with progressive uniformity. This is illustrated in the history of every case which can be followed along a continuous chain of events, dating perhaps from heredity, degenerate growths, up to inebriety, then to crime. Both the crime and inebriety are but symptoms of disease and degeneration, culminations of events whose footprints can be traced back from stage to stage. Attempts to apply dogmas of free-will, and show at what point powers of control existed or were lost, where consciousness and unconsciousness of events joined, or where sanity or insanity united, is to attempt the impossible. To the scientific man, the knowledge required to determine these facts extends far beyond the widest range of human intellect.

In the efforts to determine the mental soundness and brain health of a prisoner in court, there are certain general facts already established that will serve as a foundation from which to date more minute and accurate studies.

1. The inebriety of any person is in itself evidence of more or less mental unsoundness. Alcohol, used to excess and to intoxication, is always followed by changes of brain circulation and nutrition. Degrees of mental impairment and paralysis always follow, whether recognized or not.

2. In a large proportion of cases inebriety is only a symptom of slow, insidious brain disease, particularly general paralysis, also of many forms of mania, dementia, and other brain degenerations.

Here, notwithstanding all appearances, the inebriate is diseased and unsound mentally.

3. When crime is committed by inebriates, growing out of the inebriety or associated with it, the probability of mental disease and some form of insanity is very strong. Inebriety always favors and prepares the way for the commission of crime.

4. Whenever it appears that persons have used spirits to intoxication for the purpose of committing crime, this is evidence of a most dangerous form of reasoning mania, requiring the most careful study.

From these general facts, which should govern the expert in such cases, I turn to indicate the great injustice which has followed in some late prominent trials, from the failure to realize and apply these principles.

Peter Otto, a chronic inebriate, shot his wife in a drink paroxysm. On the trial, the insanity of the prisoner was raised. Several medical experts testified to his sanity, and explained his unusual conduct as that of a simulator. He was found guilty and sentenced to death. An appeal was taken, and a year later I examined this case. Beginning with heredity, the prisoner's grandfather on his father's side, and grandmother on his mother's side, were both insane; the former died in an asylum. His father was a paroxysmal inebriate, and a morose, irritable man, who died in Andersonville prison. His mother, still living, is a passionate, half insane woman, being irritable and suspicious, and drinks beer. One of her sisters died insane. The prisoner's early life was one of great

wretchedness and neglect—in the street and saloon. He was ill-nourished, and drank beer at home and wherever he could get it. At ten he was injured on the head, and was treated in a hospital for several weeks. At puberty he drank to intoxication and gave way to great sexual excess. Later, he was married in a state of great intoxication and unconscious of it at the time. For ten years before the crime he drank to excess as often as he could procure money to pay for spirits. He grew quarrelsome, suspicious and very irritable, and at times acted wildly. He had the common suspicion of his wife's infidelity, without any reasonable basis. He had tried to kill himself on two different occasions, by the most childish means. He was injured again on the head and complained of bad feelings ever after. He was arrested on six different times on complaint of his wife and mother for violence when intoxicated, and was confined in jail from ten to sixty days. Two months before the murder he was placed in jail suffering from mania. The jail physician called his condition alcoholic insanity. The murder followed, while drinking to great excess, and grew out of a quarrel with his wife. He made no effort to run away or conceal himself. In jail he developed religious delusions of frequent personal conversations with God. Heard voices and saw lights which he interpreted as God's messages to him. His appearance and conduct indicated great mental enfeeblement. My conclusion of insanity was sustained by the history of the heredity, growth, surroundings, inebriety, general

conduct and delusions. A special commission of physicians decided that he was sane and fully responsible, and on this conclusion he was executed.

The *second case* was that of Charles Hermann, a chronic inebriate, who, while under the influence of spirits, threw his wife down on the floor, cut her throat, and placed the body on the bed. That and the two following nights he slept in the bed with the dead body, going out in the morning and returning at night, acting as usual, drinking and manifesting no excitement or consciousness of what he had done. Three days later the body was discovered; he described all the circumstances of the homicide, gave no reason or explanation, except that she would not stay in when he wished her.

The defense was insanity from spirits, and alcoholic trance. This was denied by the medical witnesses for the people. From my study of the case the following facts were undisputed:

1. Hermann was a German, forty-two years of age, a butcher by trade. No hereditary history was obtained. He was very reticent, and could give no clear history of his past.

2. About twenty years ago he began to drink to excess. When under the influence of spirits he was sullen, irritable and suspicious of every one, his character and conduct were changed; he had suspicions of his wife's infidelity. When sober no reference to this delusion was made; he seemed to be a kindhearted man.

3. For the past five years he has greatly changed in

every way. He did not work much, tramped to Chicago and back, drank at times to excess, was very quarrelsome with his wife and others, when under the influence of spirits. Was rarely stupid when intoxicated, but was heavy and dull. A week before the murder he drank more than usual.

4. The crime was committed automatically and in the same way he had been accustomed to kill animals. He seemed oblivious of the nature and character of the crime, and made no efforts to conceal it, or escape, but went about as usual, apparently unconcerned. This same indifference continued up to his execution. As in the former case, a commission decided that he was not insane, and was responsible. Both his inebriety and the peculiarities of the crime were ignored in this conclusion.

Case three was Patrick Lynch, a periodical inebriate, who killed his wife in a similar indifferent manner. The defense of insanity was urged, and opposed by the same confused medical testimony. A marked history of heredity, embracing insanity, inebriety, and idiocy, was traced back two generations. The prisoner grew up in bad surroundings, was an inebriate early in life. At the age of thirty he was a periodical inebriate, with a drink period of twelve or fifteen days, during which his conduct was markedly insane. He killed his wife by striking her on the head with a board, under no excitement and perfectly cool, then went to the station and gave himself up, giving no reason for the act. He had

not quarrelled with her or exhibited any anger. He had delirium tremens three times at intervals before the crime was committed, and had manifested marked changes of character and conduct. When sober he was very kind; when drinking he was treacherous, violent and dangerous. He was found guilty, but finally sent for life to prison.

The *fourth case* was that of William Enders, an inebriate, who rushed out of his house and shot a passing stranger, without a word or provocation. The history of epileptic and alcoholic heredity was in the family in both parents. His early life was in a poorhouse, and later an errand boy in a hotel. At twenty he was an inebriate, with distinct drink paroxysms. These were attended with intense delusion of persecution.

The crime was committed during one of these attacks. The defense was insanity, but the jury decided him guilty, on the testimony of the medical witnesses for the prosecution, and he was executed.

These four cases are not uncommon or different from many others appearing in court every week. I have presented them to show both the failure of medical testimony, and a correct legal conception of such cases. The medical testimony in such cases fails in not making an independent research in each instance, to ascertain the facts, no matter what the conclusions are. The physician goes into the court-room with the expectation of giving a semi-legal opinion, along some line of theory and law; he attempts to mark out conditions of responsibility and fails, hence his testimony is confusing and worthless.

In each of these four cases the medical evidence was founded on theory and not on the facts of the case. The legal treatment was also imperfect and unjust for the same reason.

The teachings of all scientific research are in unison to-day concerning the disease of inebriety, and also that this disease of inebriety may merge into criminality. It is obvious, then, when they are found associated, only a full, exhaustive inquiry and study of the facts can determine the sanity of the case.

The question of the sanity and insanity of inebriate criminals must be decided by an appeal to the facts, gathered by scientific experts, and not from any theological or judicial theory, however ancient in history or universally accepted by lawyers and scientists.

The question of responsibility in any given case must be answered exclusively from its scientific side, apart from all legal conceptions and tests in such cases. The inebriate criminal belongs to that obscure class of border line cases who must be studied, both legally and medically, from the facts in their history.

From every point of view it is apparent that the present treatment of the inebriate criminal is far behind the scientific teachings of to-day. The time has come to put to one side all mediæval theories of the vice and voluntary nature of inebriety, and study each case more thoroughly and from a wider range of facts, estimating the degree of sanity and responsibility by physiological, pathological and psychological methods.

*THE MEDICAL JURISPRUDENCE OF INEBRIETY.**

BY JOSEPH PARRISH, M.D., BURLINGTON, N. J.

Before entering upon the discussions of the subject we have in hand, it is essential to an intelligent view of it, that we agree upon the meaning and application of terms. The words, Drunkenness, Intoxication, Alcoholism, Inebriety, etc., are so carelessly and interchangeably used, that I shall confine myself to *Inebriety, the Disease*, as distinguished from other forms of alcoholic effects, and especially from the daily drunkenness of the saloon and the street. The typical ineberiate comes into the world with the "mark of the beast upon his forehead," or it may be with a vestige only of an ancestral taint, which inclines him to seek indulgence in intoxicants of some kind. In other words, he is born with a decided alcoholic diathesis, or with a positive tendency to form one. That is to say, that where the hereditary impulse is not sufficiently potential to impart a complete diathesis, it leaves only an inclination or tendency to free indulgence, which, if continued in excess, will grow into a constitutional demand, as imperious and exacting as in the other case.

* Read before the Medico-Legal Society of New York, at its Annual Meeting, held December 14, 1887.

Such persons are moved at times by a *passion* for indulgence, which is beyond their control. It comes at intervals, it may be weeks, or months, during which periods of time they not only have no desire for alcohol in any of its forms, but a loathing and disgust for them. It is not the taste or appetite for them that is to be satisfied, but the effect. They long for a condition of oblivion, of forgetfulness of self, and of all selfish and annoying cares and troubles and moods. Neither have they any desire for convivial companionship. The glitter and glow of public resorts, where liquor is the prime factor of wrong and ruin, have no attractions for them. They are not tempted by such displays. The temptation, with which they are tempted, is within. It is subjective. It circles in the stream that gives them life. It may be likened to a battery that is hidden somewhere in the cerebral substance—connected by continuous fiery wires, with a coil in every ganglion, from whence they continue to extend—attenuating and distributing, as they go, reaching after the minutest nerve fibrils, which need only a throb from the inborn impulse, to transmit a force that quivers in every muscle, and burns in every nerve, till the victim is suddenly driven from himself, into the ways of unconscious debauchery. Technically, it is a brain or nerve storm, which dominates all other conditions, and leaves the patient, for the time, without any power to control his own acts.

Dr. J. M. Howie, of Liverpool, England, says, that such a man possesses no power of resistance, "that he

drinks as naturally as a fish swims, or a dog barks!" Dr. I. B. Hurry, also of England, describes the craving for drink as "coming in the form of a paroxysm, which runs a more or less cyclical course." He calls it "uncontrollable drunkenness!" and quotes Dr. Hutcheson as saying, "That this sort of mania differs entirely from drunkenness, the diagnostic sign of the disease being an irresistible propensity to swallow stimulants in enormous doses, whenever and wherever they can be procured. This form of inebriation is often, if not usually, found in our most useful professions—men of letters and culture, of refined tastes and manners, who scorn the low-lived friendships of the groggery, and who vainly strive for liberty."

Dr. Norman Kerr, of London, the faithful friend of the inebriate, and eloquent advocate for legislative aid in his behalf, has used the following most impressive language: "The struggle of the intemperate for freedom, is a combat more terrible than any other fight on earth. It is more arduous than the most celebrated of those, the praises of which have been from remotest ages immortalized by undying verse." It remains yet to notice a most important and prominent symptom of inebriety, which, together with periodicy, constitutes its real pathognomonic sign, namely, loss, or suspension of consciousness and memory, without sleep or stupor, during which the patient acts automatically, being without knowledge of his actual condition, at the same time appearing to be, and to act, naturally. I have had numer-

ous cases of the kind, of which the following are examples.

G. A., a young gentleman who resided about fourteen miles from the city, left home to visit friends, and to attend to a few errands, agreeing to return by an early evening train. He called on his friends, attended to his business, accomplishing all that he intended to do on leaving home, but did not take the early evening train to return. Instead of doing so, he unfastened a fine looking horse and vehicle from a hitching post on the sidewalk, mounted the carriage, and drove safely to his home, fourteen miles away. He crossed the river by a bridge, avoided collision with vehicles of all sorts on a crowded thoroughfare, paid toll at all the turnpike gates through which he passed, and reached home in safety and in good season, with the horse in good condition, showing that he had not been abused by fast driving. He was taken to the stable, and the young man retired to his room. In the morning, having slept off the effects of a few potations of whiskey, he met his family in the breakfast-room, having no knowledge of having reached home in the way he did, and was surprised to find in a morning paper an advertisement for the horse and wagon. Ashamed and humiliated by the discovery, he proceeded at once with an attendant to answer the advertisement. The owner, being a physician and taking in the situation, was thankful to find his favorite horse unabused. The two gentlemen, shaking hands and congratulating each other upon the safe and satisfactory

issue of a bold and reckless experiment, with abundant apologies on one side, and full forgiveness on the other, separated, having left for you and me a record of an interesting case of cerebral automatism, to become a part of the proceedings of this society.

Another, Professor W——, a Christian gentleman and scholar, a popular and succcessful teacher. The passion comes to him unbidden, and even without previous thought on the subject, and sometimes suddenly. He may be engaged in his study preparing to meet his class, and there comes over him a seeming cloudiness which darkens his mind, and he seems lost to things about him. Without seeming to know why, he leaves his study and his home, seeks the village near which he lives, takes a few drinks of whiskey, casts aside all sense of self-respect, all care for the opinion of others, resists all appeals to stop and stay, and with a recklessness unknown to him in a state of sobriety, abandons himself to his cups and their consequences. During his carouse, he hires a horse and buggy, drives into the country, visits friends, dines or sups with them, remains till the next day, returns to the village, pays for his horse and carriage, settles his saloon bills, and when quite himself again, goes to his home, seats himself in his study, resumes his preparation for his classes, without remembering anything that was done during his absence. The interval between the cloudy feeling in his study and his return, sobered, mortified, and overcome with self-reproach and remorse, is a complete blank.

My friend and colleague, Dr. Crothers, of Hartford, Conn., has brought to light a number of similar cases, and published them in a valuable brochure which every student of this subject should read; it is called "Cerebral Trance, or Loss of Consciousness and Memory in Inebriety."

The phenomenon of unconscious cerebration, of which I have produced two examples, is seen, and sometimes in a more marked degree, in the disorder known as Somnambulism, which has no connection with alcohol as a factor, and yet its exhibition of amnesia under remarkable conditions leads to the suspicion that both disorders may be traced to a want of equilibrium in the same nerve centres, or in those that are closely allied to each other, by which, in both, there is impaired consciousness. Dr. Clouston tells us of one Simon Fraser, a highly neurotic subject, who had been a sleep-walker all his life, and did all sorts of things in accordance with his illusions and false beliefs, during his somnambulistic state. He once went up to his neck in the sea of Norway, and did not awake. At last one night, while in a somnambulistic state, he seized his child, to whom he was much attached, thinking it was a white animal, and dashed it against the wall and killed it.*

From Dr. Crothers' pamphlet we learn of a record made by Dr. Forbes Winslow, "Of a somnambulist who, while walking about, his night dress caught fire, and with

*A full account of the case and the trial, is given in *The Journal of Mental Science*, Vol. XXIV., p. 451.

excellent judgment and coolness, he threw himself on the bed and extinguished the flames, resumed his walk, and next morning had no knowledge or memory of the event, and wondered greatly how his dress became so charred.

Another exhibit of cerebral automatism, whose consciousness was either obliterated or suspended, is the most remarkable case, of the Massachusetts farmer. His rye harvest had been carefully stored; and when the threshing season came, he arose from his bed, went to the barn, climbed to the mow, and threw down a flooring of sheaves; threshed them, raked the straw away, and deposited it in a place provided for it, swept into a heap the rye, and after repeating this act four times, returned to his house and bed, and in the morning was surprised to find that he had threshed several bushels of rye while in the state of automatism.

PERSONAL RESPONSIBILITY AS AFFECTED BY ALCOHOLIC INFLUENCE.

By T. L. Wright, M.D., Bellefontaine, Ohio.

I will speak of the responsibility for crime committed when alcohol enters as a factor in its inception—as well as a common incitement to crime—from two points of view only: First, when nerve *function* is impressed and embarrassed by alcoholic influence; and, second, when nerve *structure* is affected through alcoholic influence.

1*st*. As to nerve FUNCTION, I am not assuming anything when I say that it is the universal verdict of science, that accurate knowledge is wholly dependent upon accurate consciousness; that is, consciousness healthy, not morbid in kind; and complete, not fragmentary or deficient, in degree.

Now, what is consciousness, and what are its conditions?

"Consciousness," says Wundt (*see Ribot, German Psychology, p.* 247, *et. seq.*), "psychologically, is a unification, although itself a unit." There is no organ or "center" of consciousness. The entire organism is essential to its completeness. "Thus, perception, representation, idea, feeling, volition, form the continuity called consciousness, of which only tautological definitions can

be formulated....Taken as a whole, the act which physiological psychology seeks to interpret"—and upon which the question of responsibility is pending—"embraces the following moments: First, impression; second, transmission to a nerve centre; third, entrance into the *field* of consciousness (large but vague "perception"); fourth, passage to the particular *point* of "apperception" (definite, no longer vague); fifth, voluntary reaction; sixth, transmission by the motor nerves."*

Careful authorities agree that alcohol is a poison, the most obvious effect of which is to induce paralysis. This was pointed out by Dr. T. W. Poole, of Ontario, in a work published in 1879. Prof. A. B. Palmer, of Ann Arbor, Mich., discusses the same thing in the *Journal of Inebriety*, July, 1884. Doctor Sidney Ringer, of England, declares that alcohol is not a stimulant as comparable with its radically depressant properties. He says that the ultimate effect of any considerable quantity of alcohol is paralyzing. Doctor C. H. Hughes, of St. Louis, in a letter to the writer, upholds the same doctrine, and believes it to be of very great import.

But it is not necessary to rely upon authorities in this part of our discussion. Everybody is familiar with the staggering gait and the distorted countenance of the drunken man—evincing partial paralysis of the muscular system. Everybody is aware of the confusion and incoherence of thought which demonstrates the repression in functional power of the nerve centres of rational movement. Every-

* Ribot, pp. 246-248.

body is cognizant of the lying and treacherous propensities of the drunkard—showing a partial paralysis of the nerve centres which preside over the manifestations of the moral nature: and falsehood is the corner-stone of the whole edifice of crime.

Universal paralysis, when complete, is death. But universal paralysis, when incomplete, is disorganization of function. It is absence of perfection, in the essential details of all the departments of a sound individuality. How can a man, handicapped by deficiency and incapacity of nerve throughout his whole organism, correctly judge and discriminate in difficult and involved questions? The consciousness of sound, for instance, is one of the most simple and plain of all. And yet the mind must be alive to the distinctions and qualities of *pitch*, *intensity* and *timbre*, in order to determine the quality of sound with accuracy. These several properties depend upon the "number, amplitude, and form of certain atmospheric vibrations."

In regard to the capacity of a drunken man, by an act of volition, to raise himself above the level of his drunken state—and upon the possession of which capacity the question of his responsibility turns, it is only necessary to say this: Since the beginning of the world no example has been known of a drunken man improving upon the condition and phenomena of his drunkenness. In every other possible relation, the same mind steadily improves and advances upward; but the "drunk" of threescore years and ten is, in all its essential features and

exhibitions, the "same old drunk" that was characteristic of the individual at the age of twenty or thirty years. In other words, *the drunken man is not his own master.* Alcohol dominates him, and guides him in its own way.

2nd. As to nerve STRUCTURE, alcohol interferes with the co-ordinate or co-equal nutrition of the physical tissues which enter into the composition of the human body. Substantial growth in certain directions is morbidly increased; and the result is, that a relationship is established amongst the several bodily parts which is not symmetrical. The particular structure which mainly takes on inordinate and unhealthy growth, is the fibrous or fibro-cellular substance; or, as it is called in medical parlance, tissue. It is therefore proper to inquire specifically, what is the fibro-cellular tissue, and what is its office? As I wish to be plain, rather than technical, I will say in general terms: It is the gray, dense structure in the body which holds and binds the entire organism together, giving to it shape, tenacity, and elasticity. It enters into the substance of the liver, giving it strength and form. It enters into the mechanism of the kidneys, giving them strength and form. It enters into the texture of the brain, giving it strength, tenacity and form. And so likewise, it enters into the substance of every organ and structure of the body—of the muscles, bones, lungs, heart, skin, and so on, giving all of them strength, protection, tenacity and form. And besides, this same fibro-cellular tissue binds—through its modifica-

tions in shape and position, as by ligaments, bands, leaders, etc.,—the various portions of the body into one grand and harmonious whole. In every organ of the body, the fibrous tissue is liable to be substantially modified and permanently changed in form through the toxic power of alcohol.

It is not surprising, therefore, that Dr. Bartholow declares that "few structures escape the deformative influence of alcohol when it is habitually taken into the system. The kidneys, the stomach, the liver, and the brain, all exhibit," the doctor continues, "an increase in the substance of the fibro-cellular tissue which is found within them." And Dr. Sieveking, of London, in his work on Life Assurance, says: "There is scarcely a degenerative condition of the body that may not result from the habitual use of ardent spirits." I economize space by declaring that the authorities are a unit on this point.

When, therefore, the complexion becomes muddy, and the eyes tinged with a greenish hue; when the appetite and spirits fail, and an incessantly recurring jaundice colors the skin of the habitual tippler, we know that the liver is becoming structurally injured through the mischievous effects of alcohol upon the cellular tissue which enters into its structure.

When we perceive the habitual drinker—previously of good report in most respects—beginning to steal; or when we perceive in him some surprising lapse in decency and public morality, we know that the fibrous tissue

within the brain is being injured by alcoholism. We know that nerve cells are being squeezed and oppressed by the intrusion of a foreign substance; and at a later stage we know that nerve corpuscles are being transformed into fat, or are absorbed altogether; that brain fibres are torn in sunder, and that the blood-vessels of the brain are strangled and obliterated. We know that in a few months the scene will close upon a paralytic dement—imbecile and driveling.

Such is a partial description of the power of alcohol carried to its logical conclusions. While a portion of habitual inebriates, only, reach this woeful end, it is yet proper to understand its occasional reality; for the tendency of *habitual* drinking, even though called moderate in degree, is always, to some extent, greater or less, in this direction.

But in impairing the constitution, the worst effects of alcohol must take place within the brain. The cellular structure within the brain, at first morbidly and inordinately increased in volume, at length begins, by little and little, to contract. To illustrate: After a severe burn is healed, the scars are apt to appear prominent in the form of unsightly welts and ridges. These scars are one form of cellular tissue. But in time these prominences will disappear. The scars shrink, very considerably, becoming, at the same time, very hard and tense; and not infrequently, by drawing portions of the body out of their natural relationships with each other, they produce serious inconvenience and deformity. A similar contrac-

tion in the overgrown fibrous tissue of the liver produces the "hob-nail" liver of the habitual drunkard.

In a manner exactly parallel, the redundant fibrous substance in the drunkard's brain shrinks, and it involves and strangles some of the brain's blood-vessels. Thus, nerve cells and nerve centres perish through lack of nutrition—their blood supply being cut off. This contraction of the fibrous structure within the brain may even tear nerve fibres apart. And in many other ways it imposes modifications, and, of course, degradations, on the mental and moral activities.

Usually, these lapses and defects in mental and moral action are referred to a willful disregard for the principles of good sense and good morals. But the microscope will dispel that misapprehension. It will disclose physical degeneration in nerve cells, nerve fibres, and nerve centres, sufficient to explain some misconduct as the child of disease, rather than of criminal will.

After a time the damage to the central nervous tissue (when not excessive) becomes assimilated, or adopted, by the constitution. That is, the human constitution becomes modified. It takes on new and inferior characteristics, and occupies a plane of existence lower than belonged to its original nature. The important point is, this bad constitution is liable to be reproduced in posterity. Quite likely the newly-transmitted constitution will differ in the forms of its exhibition from its parent. It may take on some of its kindred forms. There may be, for example, defective intelligence, as imbecility, or

defective physical structure, as hare-lip, or club-foot ; or a defect in one or more of the senses, as deafness, and, of course, dumbness ; or there may be defect in the brain centres of co-ordination, through which the moral nature and the sense of personal identity, and the ideas of duties and responsibilites are exemplified. Through defects in the physical instruments of the moral nature within the brain, there is apt to be developed, through heredity, the criminal constitution.

The property of alcohol, of inflicting physical unfitness upon body and brain, opens a field of disaster, whose extent is absolutely unlimited.

I have stated a few of the effects of alcohol upon the human body and human mind. It is for others to make specific deductions, and draw conclusions from them, with reference to their bearing upon the personal responsibility of the inebriate.

*THE HEREDITARY EFFECTS OF INTEMPERANCE, AS IT EFFECTS RESPONSIBILITY, LEGAL AND MORAL.**

By Rev. William Tucker, D. D.

The brain is the instrument, not the cause, of mind. It conditions all the manifestations of mind in this state, and in this life. Experimentally we know thought and intelligence, emotion and volition, only in connection with brain organism. This theory will cover and explain all the established facts of Physiology, Pathology, Psychology, Ethics and Religion. Whatever injuriously affects the material instrument of the mind, modifies its action, whether rational, emotional or volitional, as really as though it affected the spiritual cause of thought. Insanity, in all its forms, is a disease of the material instrument of mind, and as such can be reached by the same class of remedies used in the treatment of other nervous diseases. This has been established by medical experience and history in the treatment of diseased mental action. Not only is healthy mental action dependent upon a healthy condition of the brain and a healthy action of the vital organs, but a healthy action of the organs are as really and as truly dependent on the states

*Read before the Medico-Legal Society.

and condition of the mind. This has been established by an induction as broad and reliable as that by which we established the truth of the other proposition.

There is constant action and reaction between the dual forces of man's nature. A drug received into the stomach and taken into the circulation, will affect all the revealed actions of the mind, and a thought received by the intellect affects the action of all the vital organs. In the one case the manifestation of mental action is controlled by the condition of the material instrument of intelligence; in the other, the vital organism is affected by the action of the mind on the nervous system.

Alcohol acts on the brain through the blood, and thus produces a diseased condition of the great organ or instrument of thought and intelligence. This injury to the brain is so great as to become transmissive and hereditary. It is transmitted from father to son and parent to child, and thus descends as an inheritance of disease from generation to generation.

As early as 1781, Erasmus Darwin, in his *Botanical Garden*, wrote: "It is remarkable that all diseases from drinking spirituous or fermented liquors are liable to become hereditary, even to the third generation, gradually increasing until the family becomes extinct." One hundred years after (1886) Dr. Crothers, of Hartford, in a paper on Inebriety and Heredity, wrote: "In these cases there seems to be, in certain families, a regular circle of degenerative diseases. Thus, in one generation, great

eccentricity, genius and a high order of emotional development. In the next generation, inebriates, feeble-minded, or idiots. In the third generation, paupers, criminals, tramps, epileptics, idiots, consumptives, insane and inebriates."

Dr. H. P. Stearns makes this statement: "I may frankly say, that my own opinion is, that in a large majority of cases where individuals have daily or habitually used alcohol as a beverage, in any considerable quantity, and so as to become frequently inebriated, that there is established an abnormal state of the brain, which may be transmitted to offspring; and that this takes place through the elective action of alcohol affecting the vaso-motor portion of the nervous system, and through it the capillary portion of the circulation and ultimately the cell structure of the brain: that in consequence of this physiological action of alcohol upon the nervous system, when frequently and long used, there results a less sensitive and delicate condition of these constituent portions of brain surface, and that they become correspondingly less responsive to both objective and subjective impressions or influences, and that, therefore, there will result a less normal discharge of thought function in its various manifestations, moral and intellectual."

There are but few doctrines of physiology better established or more generally received as true, than the doctrine that affirms, that the physical, intellectual and moral results of inebriation, are transmitted to the children of the drunkard. The question of great prac-

tical, ethical and legal importance is: To what extent does this hereditary taint affect the moral and legal responsibility of the children of inebriates suffering from the mental and moral weakness thus transmitted. It is a principle sound in law and ethics that ability is the measure of obligation and responsibility. No man is under obligation to do that which he has no ability to do. No one is responsible for a failure to do that which he could not do, or for doing that which he could not help. This is a well established principle in both morals and law. It is evident, therefore, that transmitted weakness modifies responsibility to the extent that it impairs ability for free mental and moral action. If the inherited weakness amounts to mental and moral idiocy or insanity, moral and legal responsibility are destroyed. If the inherited taint is no more than a degree of inherited feebleness of mind and will, then responsibility is modified but not destroyed. In that condition persons so affected have the ability to improve their physical, mental and moral health, and increase their brain power for thought and action by the use of proper means; and for the use of such means they are morally responsible. The function of education, physical, mental and ethical culture, hygiene, sanitary science, medicine, law and religion, is to enable us to overcome inherited weakness of body and mind, and develop physical, mental and moral power. Even those suffering from transmitted physical and mental disease may be benefited by the use of these remedial influences and agencies, so as largely to over-

come and eradicate the inherited taint of brain and mind from which they suffer.

This being so, they are under moral obligation, to use all the means that modern science and human benevolence places within their reach, to improve their physical condition, and increase their mental and moral power. If they fail or refuse to do this, they are responsible in morals, for the evil consequences of their failure to use the appliances to which they had access, and which, if used, would have benefited them. This, if not wholly demented or insane, they have the ability to do, and they are under obligation to use it. While man is not under obligation to do that which he has no ability to, he is under obligation to try or make the effort to do that which he has not the ability to do. He has the ability to try, but not the ability to succeed. The ability to succeed comes by repeated trials and failures. It is developed by effort. It is in this way we acquire the ability to walk, talk, work, write, sing, play, think, reason and practice morals and religion. All sane men have the ability to develop this power. They are therefore under obligation to do it. The limitations caused by heredity does not remove this obligation, unless they amount to a total destruction of rational and moral power. Man has the power to modify and improve his organism, to change his environment, and to increase his capacity to work in nearly all directions. It is through this power that responsibility takes hold of those who suffer from inherited weakness.

Man is not only under the law of heredity, but the law of variation and the law of progress. It is, therefore, possible for the weak to become strong, the feeble to develop power, the diseased to be restored to health, the ignorant to be educated, criminals to be reformed and sinners to be saved. It is this that makes law and medicine as remedial sciences possible.

PROHIBITION AND INEBRIETY.

By Mary Weeks Burnett, M.D.
Member Medico-Legal Society, President National Temperance Hospital, etc.

In the many problems which have arisen through the intermingling of labor, in law and medicine, satisfactory solutions have been most readily secured when the *underlying causes* have been made the basis of study. In view of the fact, that there now exist many and great differences of opinion, in the Medical Jurisprudence of Inebriety, we need to keep prominently before us the *causes of*, as well as the *remedies for*, inebriation.

Inebriety, or drunkenness, is a condition of mental unsoundness or derangement, induced by the use of intoxicating liquors. The *law* assumes, that he who, while of sound mind, puts himself voluntarily into a condition in which he knows he cannot control his actions, may be considered to have contemplated the perpetration of his crime, and should suffer the legal consequences of his acts. Drunkenness being apparently a deliberative or voluntary act, of a presumably sound mind, the law does not admit that it is a disease.

It is a rule in *medicine* that a mentally diseased or disabled person is incapable of responsible motive or intent, and should not be held responsible for acts committed

while so diseased or disabled. Medicine assumes that, as inebriety or drunkenness is manifestly a condition of unstable or diseased mind, it is, therefore, a disease, and the inebriate should be shielded from the legal consequences of his acts. Each view contains much truth, yet it is evident that the differences of opinion, based as they are *upon a study* of *results alone*, are irreconcilable. Into each case the elements of disease or of crime may both, or singly enter. The complications will forever present new opportunities for disagreement, and no conclusions can be reached except by the yielding of one side or the other.

It is truly said, that inebriety and criminality are not accidents nor causes, but the products, the *results*, of causes.

What is the cause of inebriety? Undoubtedly, heredity and surroundings have a large predisposing influence, but all *medical* authorities agree that the immediate cause of the *disease* of inebriety is *intoxicating liquors.*

Legal authorities agree that the immediate cause of the *crime* of inebriety is *intoxicating liquors.*

Medicine and law, then, are in complete accord upon the *cause* of the disease and crime of inebriety. May we not hope to agree upon the remedy? The highest judicial power in the land, the power of which Washington said, "it is the chief pillar upon which our government must rest," has clearly emphasized a remedy.

The Supreme Court of the United States, in its recent

decision based upon the 14th amendment, has declared that "the public health, the public morals and the public safety is *endangered* by the general use of *intoxicating drinks*, and that it is a fact established by statistics accessible to every one, that the disorder, pauperism and crime prevalent in this country, are in some degree at least traceable to this evil."

And it further states, in an opinion from which there can be no appeal, that "the people of a State have a right, under the 14th amendment to the Constitution, to absolutely prohibit the manufacture and sale of intoxicating liquors for other than medical, scientific and manufacturing purposes." Here, then, seems to be outlined a medico-legal remedy for inebreism: the suppression of intoxicating liquors as a beverage—in a word, *prohibition*.

Three prominent objections have been raised against prohibition as a remedy for inebreism:

1st. That prohibition is impracticable.

2d. That other measures present a more satisfactory basis for the Medical Jurisprudence of Inebriety.

3d. That prohibition is not necessary.

Are these objections sustained by facts?

1st. The Supreme Court of the United States has declared that prohibition is entirely practicable. In certain places, where high State officials vie with each other in violations of the law, it is true that the law may not be enforced, but there is abundant evidence that wherever there is harmonious action, among the educated

forces of any community where prohibitory law has been secured, the law is a success.

2d. That other measures present a more satisfactory basis for the medical jurisprudence of inebriety.

Among the most popular of the measures now being tested are moral suasion, high license, local option, jails, penitentiaries, inebriate and insane asylums. What real promise is there in these?

Moral suasion has little effect upon minds and bodies writhing in the clutches of the drink power. Taking the pledge will not redeem a drunkard, nor will it prevent a man from becoming one.

License, high or low, makes intoxicating drink lawful, and the drinking places are by it made the fashionable and legal breeding-ground, of disease and vice and crime. Local option can be voted in as a law one year, and voted out the next, and in its very instability there is great danger. We can name one of many instances. A. R., a man of talent, with inherited narcotic susceptibility, remained for years in a local option county, at a great pecuniary disadvantage, for the sake of the safety it afforded him from his appetite. But the liquor traffic eventually prevailed over this temporary local option law, and the man is now in prison for life as a result of crime committed because liquor was not kept away from him.

Asylums for the cure of inebriates are necessary now. They serve a needed end in shutting the patients away from liquor. But suppose we could shut the liquor

away from the patients. The very large proportion of the now victims of inebreism would, under careful non-alcoholic medical supervision, be enabled to take their places with the wage-earners and producers, instead of, as now, being helpless dependents upon public and private charity.

Our jails and penitentiaries are full of men, women, boys and girls, committed for the crime of inebriety. There is no assurance from past experience that they will not, the moment they are free and again under the influence of liquor, commit as grievous, if not greater crime. More than this. Great numbers of those, of neurotic and narcotic susceptibilities, of hereditary and acquired hyper-sensitive organisms, are daily and hourly swelling the ranks of this great multitude, before which the world already stands appalled.

Temporizing measures give no promise of a true solution of the problem.

3d. May not, then, the prohibition of intoxicating liquors as a beverage be necessary?

An authority says that ninety-five per cent. of those who leave the Concord (Mass.) Reformatory, go out with a firm resolve to do right, and if they backslide it is because of the evil influences and drink habits to which they return. Other institutions of a like nature furnish practically the same statement. Did space permit, I could cite a large number of cases which have come under my immediate observation, of men and women leaving our hospitals, asylums or jails with firm hope in

a better future, who, within twenty-four hours, have again become hopelessly overcome by the temptations to drink which have met them at every step.

The *will* of the inebriate is helpless and imbecile in the presence of temptation and opportunity. In the presence of liquor the inebriate is uncontrollable, except by lock and key.

Which is the greater wisdom, prevention or cure? *Which should be under ban,* the *liquor* or the man?

Prohibition will remove from the inebriate both the temptation and the opportunity.

Under the ruling of the Supreme Court, it is now in our power to speedily make it impossible to obtain intoxicating liquors as a beverage. Suppose the neurotic and the narcotic susceptibles, the highly-endowed psychical hyper-sensitives, the strong in animal forces, but weak in will cases, could not have the taste for liquors aroused. We would still have the insane and the criminal to deal with, but in fewer numbers, and the disease and crime due to inebriety would no longer be a perplexing complication.

Shall we, who hold the wealth and the health of the people in our hands, foolishly waste our forces struggling in such a mire of bewildering phraseology as the inebriety of insanity, the insanity of inebriety, voluntary and involuntary intoxication, delirium tremens and other alcoholic seizures, when so simple and absolute a remedy is at hand?

These neurotic cases which so easily drift into disease

and crime, cannot be the subjects of the disease and crime of *inebriety* until they have come under the influence of intoxicating liquors. There may be brain incapacity or mental unsoundness, but the *disease* of *inebriety* cannot be grafted upon these conditions without intoxicating liquors. *They cannot have the disease if they cannot get the liquor.*

Inebreism, whether manifested in disease or crime, or both, can be wholly extirpated from the great catalogue of medico-legal problems. Is there any valid excuse for its continuance?

*AMERICAN LIFE AS RELATED TO INEBRIETY**

By Prof. Edward P. Thwing, M.D., Ph.D.

It was my privilege to speak a few words at the International Congress held in London, July, 1887, under the auspices of the Society for the Study of Inebriety, as to certain factors which contribute to make the theme of Inebriety in America especially serious and urgent. I have been desired to recall, record and expand those unwritten utterances. Novelty and originality they may not possess, yet old truths in a new light may be helpful to us in the interpretation of the pathological and psychological phenomena of this disease.

Although there are abiding factors, the world over, in America we have elements to study which are peculiar and unique. By America is meant the American Republic, the States and Territories bounded by the seas, the lakes and the gulf. It will be my aim to show that the sixty millions of this vast country are placed under those physical, psychic, political and social conditions which combine to make life *more vividly intense and exacting* than anywhere else on this planet, and are therefore more susceptible to the malady of Inebreism.

This region has been called "the intemperate belt," because, as my lamented friend, the late Dr. George M. Beard, of New York, has said: "Inebriety, as distin-

* Read before the Medico-Legal Society of New York.

guished from the vice or habit of drunkenness, may be said to have been born in America; has developed sooner and far more rapidly than elsewhere; like other nerve maladies, is especially frequent here. It is for this reason, mainly, that asylums for inebriates were first organized here." Here also the Total Abstinence Societies of modern days began. Why? Because of the abnormal nerve sensibility which the feverish rush of life here has developed, a physiological condition that will not tolerate stimulants.

Dr. Beard says that it is a greater sight than Niagara, which is presented to the European coming to this land, to behold an immense body of intelligent citizens, voluntarily and habitually abstaining from alcoholic beverages. "There is perhaps no single fact in sociology more instructive and far reaching than this; and this is but a fraction of the general and sweeping fact that the heightened sensitiveness of the Americans forces them to abstain entirely, or to use in incredible and amusing moderation, not only the stronger alcoholic liquors, but the milder wines, ales and beers, and even tea and coffee. Half my nervous patients give up coffee before I see them, and very many abandon tea. Less than a century ago, a man who could not carry many bottles of wine was thought effeminate. Fifty years ago opium produced sleep, now the same dose keeps us awake, like coffee and tea. Susceptibility to this drug is revolutionized."

Dr. Beard makes the ability to bear stimulants a meas-

ure of nerves, and asserts that the English are of "more bottle-power than the Americans;" that it is worth an ocean voyage to see how they can drink. A steamer seat-mate poured down almost at a swallow a half tumblerful of whiskey, with some water added. He was a prominent minister in the Established Church, advanced in years, yet robust. He replied to the query, "How *can* you stand that?" that he had been a drinker all his life and felt no harm.

The same relative sensitiveness is shown in regard to opium, tobacco, and other narcotic poisons. The stolid Turk begins to smoke in early childhood, when seven or eight; everybody smokes, men, women and little ones, yet the chief oculist in Constantinople says that cases of amaurosis are very few. A surgeon whom I have known, Dr. Sewny, of Aintab, after years of extensive practice in Asia Minor, has yet to see the first case of amaurosis or amblyopia due solely to tobacco. But Americans cannot imitate Turk, Hollander and Chinese. Heart and brain, eyes, teeth, muscle and nerve are ruined by these vices, yet the frightful fact remains that latterly the importation of opium has increased 500 per cent.! The "tobacco heart" and other fatal effects of cigarette smoking are attracting the attention of legislators as well as physicians, and the giving or selling this diminutive demon to youth is made in some places a punishable offense.

Physical, psychic, political and social conditions, combine in the evolution of this phenomenal susceptibility.

Nowhere, for instance, are such *extremes in thermal changes.* I have seen, in New England, a range of 125° from 25° below to 100° above, in the shade. The year's record at Minnesota has read from 39° below to 99° above, a range of 138°. Even within twenty four hours, and in balmy regions like Florida, the glass has shown a leap from torrid heat to frosty chill.

No wonder, then, that the greatest fear of some is the *atmosphere.* They dread to go out to face Arctic rigor or tropic fire, and so get in the way of staying in doors even in exquisite weather of June and October. They make rooms small, put on double windows, with list on the doors, and build a roaring furnace fire in the cellar, adding another of bright anthracite in the grate. The difference between this hot, dry, baked air within, and the wintry air without, is sometimes 80°. It is estimated that the difference of temperature inside and outside an English home averages 20°, and that within and without an American dwelling is 60°. The relation of this to the nervousness of the people is apparent.

The uniform brightness of American skies favors evaporation. The Yankee is not plump and ruddy, like his moist, solid British brother, but lean, angular, wiry, with a dry, electrical skin. He lights the gas with his fingers and fortells with certainty the coming storm by his neuralgic bones. Hourly observations were conducted for five years with Capt. Catlin, U. S. A., a sufferer from traumatic neuralgia, in care of Dr. Mitchell. The relation of these prognostic pains to barometric depression

and the earth's magnetism, was certified beyond doubt, and was reported to the National Academy of Science, April, 1879. Even animals in the Sacramento Valley and on the Pacific coast are unwontedly irritable while the north desert winds are blowing and electricity, seeking equilibrium, going to and from the earth. Fruits, foliage and grass, towards the wind, shrivel. Jets of lightning appear on the rocks and sometimes on one's walking stick. (*American Nervousness*, p. 147.)

But *psychic and social factors* cannot be ignored. Some one has said that insanity is the price we pay for civilization. Barbarians are not nervous. They may say, with the Duchess of Marlborough, that they were born before nerves were invented. They take no thought of the morrow. Market returns and stock quotations are unknown ; telephones and telegraphs, daily newspapers, with all their crowded columns of horror and crimes, are not thrust upon them ; and the shriek of the steam-engine does not disturb their mid-day or their midnight sleep. Once a day they may look at the sun, but they never carry watches. This bad habit of carrying watches is rebuked by a distinguished alienist, who says that a look at one's watch, when an appointment is near, sensibly accelerates the heart's action and is correlated to a definite loss of nervous energy. Every advance of refinement brings conflict and conquest that are to be paid for in blood and nerve and life.

Now it is true that watches are occasionally seen in England. Sun-dials are not in common use in Ger-

many and Switzerland. But the "American Watch" is an institution. Not the Elgin, the Waterbury or any particular watch, but the watch-fulness, the worry and haste and incessant strain to accomplish much in a little time—all this, symbolized in the pocket time-piece, is peculiarly American. It was an American who, at Buffalo, wanted to wire on to Washington. When told it would take ten minutes, he turned away, and said "I can't wait." He now uses the Edison telephone and talks mouth to mouth with his friend. Dr. Talmage says: "We are born in a hurry, live in a hurry, die in a hurry and are driven to Greenwood on a trot!" The little child, instead of quietly saying to its playmate, "Come," nervously shouts "Hurry up!" You cannot approach the door of a street car, or railway carriage, but what you hear the same fidgetty cry: "Step lively!"

Said a New Yorker to me: "I am growing old five years every year." Can such physical bankrupts, whose brains are on the brink of collapse, bear the added excitement of drink? The gifted Bayard Taylor was but one of thousands who burned a noble brain to ashes in a too eager race of life. Reviewing sixteen months, he notes the erection of a dwelling house, with all its multitudinous cares, the issuing of two volumes of his writings, the preparation of forty-eight articles for periodicals, the délivery of 250 lectures, one every other day, and 30,000 miles travel. The same story might be told of other brain-workers who never accepted the "gospel of rest."

The *emulous rivalries of business life* and the speculative character of its ventures cannot be paralleled elsewhere. The incessant strain they impose increases mental instability. Bulls and bears, pools, corners, margins, syndicates, and other "ways that are dark and tricks that are vain," represent the ominous passion for gambling. Millions may be made or lost in a day. No one is surprised if a Wall Street panic is followed by suicides.

Legitimate business may, by its methods, exert a pernicious influence on the nervous system in still other ways, as, for example, in the depressing influence from specialization of nerve function, as indicated by Dr. J. S. Jewell, where one keeps doing one petty thing monotonously year after year, and so sterilizes mind and muscle in every other direction.

Turning to *educational systems* in America, we see how unphysiological they are, and calculated to exhaust the nervous energy of youth, many of whom have inherited a morbid neurotic diathesis. Of twenty-seven cases of chorea, reported by Dr. William A. Hammond, of Bellevue Hospital, eight, about one-third, were "induced by intense study at school." Dr. Treichler's investigations as to "Habitual Headaches in Children," cover a wide field, and show that continental communities suffer from similar neglect of natural laws. Here it is more notorious.

Not to dwell on these points, we may say that the *stimulus of liberty* is a productive cause of neurasthenia

in America. It is stated that insanity has increased in Italy since there has been civil and religious liberty guaranteed. A *post hoc* is not always a *propter hoc.* But it is obvious that the sense of responsibility which citizenship brings ; the ambitions awakened by the prospect of office, position, power and influence ; the friction and disquiet, bickerings and wranglings, disappointment and chagrin that attend the struggles and agitations of political life, do exhaust men, and more in a land where opportunities for advancement are abundant as in America. While writing these words, news are received of the sudden death of a prominent New York politician, comparatively young, directly traceable to disappointment in carrying out a scheme on which his heart was set. Chagrin acted like a virulent poison on a system already unstrung by the severe political struggle in which he was defeated.

Multitudes contract the vice of drunkenness or develop the full malady of inebriism under the continued pressure of these political campaigns. The patient of a friend of mine had for two years been kept in working order. He was living, however, on a small reserve of nerve force. A few days before election he was drawn into a five-minutes eager discussion and became entirely prostrated, more exhausted than by months of steady work.

Other nations have their measure of liberty and aspirations for social and political eminence to gratify. But nowhere have men the exhilarating possibilities of posi-

tion, wealth and influence that this republican community offers. The history of the last half century, as related to this fact, reads like a romance. But liberty, like beauty, is a perilous possession, and it has been truly said: "The experiment attempted on this continent of making every man, every child, every woman an expert in politics and theology is one of the costliest of experiments with living human beings, and has been drawing on our surplus energies for one hundred years."

Finally, *American life is cosmopolitan.* A curious observer noted nine nationalities in a single street car in New York, one day. I repeated the fact to a few of my students who were riding with me through those same streets. Looking over the ten or dozen passengers on board, one of them at once replied: "Well, here are *five* nationalities represented here."

In one aspect, these importations, particularly English, German and Scandinavian, are compensative and antidotal. We may hope, with the author before quoted, that "the typical American of the highest type will, in the near future, be a union of the coarse and fine organizations; the solidity of the German, the fire of the Saxon, the delicacy of the American, flowing together as one; sensitive, impressible, readily affected through all the avenues of influence, but trained and held by a will of steel; original, idiosyncratic; with more wiriness than excess of strength, and achieving his purpose not so much through the amount of his force as in the wisdom and economy of its use."

This hope may be realized in the future and in the highest type of American manhood. It is a bright, optimistic view of things, but we have to do with the present, and the evils of society as they exist. We have to face the fact that our civic life is growing at the expense of the rural; that our cities are massing people by hundreds of thousands, among whom, on the grounds of contiguity, association and psychic sympathy, evil influences become more potent to undermine the welfare of society; that we have to encounter in America the drink traffic in its belligerent aspects, as nowhere else, not only politically and financially organized most thoroughly, but ready, it would seem, to use fraud, violence or assassination if other means fail; and that we have anarchism stirring up discontent and firing the passions of the desperate classes, who understand liberty to mean license, equality to be the abolition of all the diversities of position and property which intelligence, temperance and industry have made, and will make to the end of time.

We have had a practically unrestricted importation of the refuse population of Europe. Of every 250 immigrants, one is insane, while but one of 662 natives is insane. Add to all these facts the conditions of American life already enumerated as related to the development of neuroses, particularly inebriety, and we have the material which makes the study, as was stated at the start, serious and urgent, alike in its medical and forensic bearings.

Some of us are studying the matter historically and philosophically; some, in the asylum, clinically; some of us, in the dissecting room and laboratory with scalpel, microscope and reagent. Writers like Dr. T. L. Wright and Dr. T. D. Crothers are illuminating the subject in its pathological and psychic relations. We have more to learn about Heredity and Environment; more about the Physical basis of the Will, and its disintegration through disease and wrong doing; more about Inheritance of Ideas, Moral Responsibility and kindred themes. To the discussion of topics like these the New York Academy of Anthropology and the Medico-Legal Society have specially devoted attention; a work alluring in its features, humane and beneficent in its fruits.

DISCUSSION.

At the Medico-Legal Society, November 10, 1887.

Mr. AUSTIN ABBOTT.—We have had presented to-night a discussion to which I have listened with great interest, and with no small profit. Very clearly has it put the contrast between the medical and legal aspect of the question. Jurisprudence differs from medicine in this, that it is for judges to say what is; not in a scientific but in a judicial and sociological sense; while medical men are privileged to say what ought to be. This makes a discussion on medical jurisprudence one of great interest, because here the door is opened to consider how jurisprudence ought to be modified in the light of scientific insight and understanding. Now, why is it that, of all departments of the law, that of medical jurisprudence, where there are no pecuniary interests against humane change in the law, no vested rights arrayed against an improvement, and the door is open to scientific suggestion more freely than in any other department, and the discussion of amelioration in the law is so frequently carried on in the courts by expert witnesses of experience, insight and ability in dealing with this great subject, and the courts are ready to listen, why is it that under these circumstances the rules of law stand so inflexible and are so slowly and almost imperceptibly

changed, generation after generation. There are more changes going on in any department of the law than in the questions of medical jurisprudence, in its mental aspect of insanity and inebriety. I wish to draw attention to this point particularly, because it appears to me that the services which medical men can, and I trust will, accomplish on this subject would be greatly accelerated should they direct their attack against the other end of the line. Let us suppose that my good friend, Doctor Crothers, was appointed chief of police in this city, with full powers of administration: I venture to say that, notwithstanding his very just views of the medical aspect of the question, he would find, were he made responsible to preserve peace, good order and the security of property throughout the city, he would not wish his officers instructed that when they found that a man arrested for crime was an inebriate they should let him go. He could not undertake to keep the peace in this city on that basis. And he could not carry out his views, because in the present state of penal laws there is nothing else to do with the inebriate offender but either to let him go or send him to prison. If you go into the police courts Sunday morning and ask to have discharged every man who has been arrested for drunkenness,—to let him go on the principle that inebriety is a disease, and ask to have that view carried into general effect,—the result of it would be that the occasional convivial offenders, the men who are guilty of crimes committed under exceptional passion, under exceptional

temptation, under exceptional stimulus, would be sent to jail, and the men who are wholly given over to it, and are going to do it again and again, would be set free.

Society is under an absolute necessity of protecting itself, and its courts and officers must do it by such means as legislation allows. I freely concede that to send a man to prison is not the best means to deal with his inebriety. But that is about all that present legislation allows now. His family can have him placed under restraint, perhaps, for social reasons, but the criminal law does not take cognizance of inebriety for that purpose, nor deal with it in that way, nor does such restraint as now imposed adequately protect society.

The question I wish to put is: Whether the way to advance the reform now under discussion is, instead of contesting the question in the courts, on the trial of criminal inebriates, with the result of mere acquittal, rather to formulate such legislation as shall provide proper segregation and restraint, under medical supervision, for habitual inebriates. If that can be done, the courts will yield to the advancing light of science, as fast as the protection of society is seen to be secured.

But in my opinion you must open the door at that end before you can close it at this.

H. S. DRAYTON, M. D.—This is certainly an unexpected call. I came here to act merely in the capacity of a listener, and now you turn the tables upon me in this startling fashion, not only calling me to my feet to fol-

low my learned friend of the law, but also expecting me to make some response to his profound sentiments. May I say that it seems to me that, in opening, he made a misstatement (although so acknowledged an authority) in saying that it was a part of the function of the law to define what *is*. I should say, sir, that it was a part, rather, of the judiciary, as representing that highest class or element in legal affairs, to declare what *ought* to be; while it is the function of science, and therefore of those who represent science, be they physicians or others who are devoted to the observation of nature in any of its departments, to define what *is*.

In relation to the subject we are considering, it is for the physician to define what is the difference between inebriety and insanity, if any there be. The expert, sir, is summoned for the purpose of testifying from his observation and personal study of facts, and is expected to supply an inference logically drawn from those facts; he decides, therefore, on scientific ground what is or what is not the case. While not prepared, sir, to speak specifically in response to your peremptory call, may I be permitted to say that under "inebriety" I should include a broad range of morbid habit and consequent mental disorder. Inebriety relates not only to the use of alcoholic liquors, but also to intemperance in other matters. Thus we have coffee inebriates and tea inebriates; all narcotics are injurious to the nervous system, and their persistent use leads to serious affection of the nerve centres, and may lead to insanity. Alcohol is, of course, the

typical disturber of mental balance, but all habits based upon appetite and carried to excess are to be condemned. Anything, sir, that disturbs that highest part of the mind, moral sentiment, affects a man at the centre of his being, for moral balance is absolutely essential to the discharge of the proper duties of manhood. I think, sir, that the courts do not sufficiently consider the influence of alcohol in this respect; I think, further, that medical gentlemen, as a class, do not sufficiently insist upon this special, leading effect of alcoholism, although observers of inebriety, like my friend Dr. Crothers, and some others, are appreciative of this effect, and are well warranted in the earnest stand which they take. Dr. Richardson, of England, not long since mentioned that wine was indeed a *mocker*, because of its immediate effect upon the higher faculties of the mind, disturbing and clouding their action, and therefore clouding the intellect, so that a man under the influence of wine is lacking in judgment and sound discretion, without being conscious of his lapse.

Dr. ISAAC L. PEET.—I have hardly formulated any special principles in regard to this matter. I have observed men falling unexpectedly, without desiring it, without intending it, under social conditions, into situations in which they seemed to have lost all the ordinary powers of mental action; in which they seemed to be in a sort of dream; in which they acted contrary to all the principles of their natures. If, under these circumstances, in this condition of absolute alienation from their true

nature, they should commit a crime, and then when accused of it the next day should deny it, because if they had done it they had no recollection of it, they had no knowledge of it, that would be a condition which, in my opinion, removed all the elements of responsibility, and in which the man, if treated by ordinary legal principles, was the most unfortunate human being you could possibly imagine, and yet I believe that there are cases of exactly that description.

Dr. CHAS. H. SHEPARD.—Mr. President: I have enjoyed listening to these papers exceedingly, and have received a great deal of instruction from them, and there is but little to add. It seems to me that man in his desire to get the best of everything, inasmuch as he seeks to get the best kind of food, necessarily seeks to get the best kind of drink, and it may be one step in his progress in life that eventually he will succeed in getting that drink which shall be best for his welfare in every way.

The drink problem, or the cure for its excess, has long engaged the attention of thoughtful minds, and yet it is unsolved. The moralist offers us, as his latest and best, naught but *prohibition*. But so long as there is a demand for alcoholic drink there will be an ample supply, nor is it to be supposed that we can make people temperate by legal statute. The physician takes a broader view and would deal with its excess as a disease, well knowing that in many cases the fault lies more with the parent than the child.

But what is the origin of so much excess in drink?

First, even before the cause just mentioned, is the one most evident to all close observers, namely, excessive alimentation. It is not too much to say that this causes more loss to society than excess in drink, and this is apparent to the medical man in a thousand ways—he sees it in every stage of life, from the infant to old age; in fact, the largest part of his practice comes from those who are simply suffering from excess in eating, and this, particularly with those not well informed, very readily leads up to excess in drink. Even physicians have not been wholly guiltless in the administration of alcoholic stimulants. It frequently happens that those subject to overwork and severe mental strain, seek to recoup themselves by the use of alcoholic stimulants; but the delusion is sure to manifest itself at no distant day. It is most evident that those who disobey the laws of health and longevity necessarily in so far cut short their own lives, and also the duration of their posterity, while on the contrary those who seek to obey those laws shall thereby possess the land.

The remedy for the drink excess must be found in a higher and better, yes, a broader, education. The wrecks now on hand need medical and hospital treatment, conjoined with the best resources of modern science, and they should be taken and kept from society till cured, and thus fitted for the duties of life. The infant must be fed more in accordance with the dictates of hygiene, and less with soothing syrups; the youth must be given only plain, wholesome food, and taught to seek the tonic of

exercise in pure air, rather than what may be found in tea or coffee, and also debarred the use of tobacco in any form, then shall manhood learn that self-control is better than statutes or stone walls, and ripen into a well-ordered life, not requiring the stronger stimulants to perform its legitimate tasks, and thus would be made sweet the rest and leisure that would renew for still greater works than can ever be performed under the whip and spur of any stimulant.

The physician has an ever-enlarging mission before him, to teach the people the true theory of life, that they may so live as to fill out their allotted time and aid in the advancement of the race, and thus fulfill their noble destiny.

Dr. EMMET DENT (Medical Superintendent of the New York City Insane Asylum, B. I.)—I have listened very attentively to papers that have been read, and feel that I have been instructed. The subject is certainly one for study, and the urgent need of an early conclusion among medico-legal men forces its importance on us every day at our Police and Criminal Courts. The view that most men are compelled to take of this subject, those who have had experience in treating inebriates, is that the person or persons are morbid. The cases that attract our attention in asylum reports as dypsomaniacs or alcoholic maniacs are nothing more than one degree lower than the inebriate, or the overt insanity of the drunkard. As has been said in one of the papers, the morals are the first psychologi-

cal change noticed in the drinker, one has an opportunity of verifying the views here expressed by visiting the different institutions of correction in this city. He will, in addition, find out that a large number are sent to asylums, and that they are discharged from asylums recovered, and in a short time are again sent to the institution of correction. It would surprise some of you to know the frequency of this occurrence, yet the asylum authorities cannot hold them when they have reached the degree of rationality at which they discharge them recovered, nor the authorities of the institution of correction, when their time has expired, which was determined by a Judge.

There is a grand field for theory, but the question for medico-legal men is, whether drinking, carried to the extent of inebriety, is or is not insanity? I think the day is not far distant when the law will extend a protecting arm to this class of poor unfortunates, and instead of being chided for their morbidity they will be consoled for their infirmity.

DR. JA. OBI.—I come here invited as the representative of the Academy of Medicine, which we medical men consider to be the representative of the medical profession of the city of New York. In that capacity I came willingly because I knew that it was customary at your banquets that law and medicine, wolf and lamb, would always be together, harmoniously, as perhaps at no other occasion. At the same time I knew that it was due to this society, which is of such an old standing and

has deserved so well of the community and of the two professions. I was anxious to come here and hear what would be spoken, and perhaps contribute my share in private conversation. As, however, you have called upon me, Mr. President, let me say, publicly, how I look upon the co-operation of the two professions in a society like this.

Forensic medicine has grown with civilization and the constitution and establishment of commonwealths. I need not say that in olden times there was as little forensic medicine as there was law. The oldest nations I know of wh› had anything like forensic medicine were the Hebrews and the Romans. I have always been of the opinion that that was so because they, more than any others, had State establishments fixed, well constituted, and endowed with certain solid forms. Others were not so organized or in about the same condition as, for instance, the American municipalities before the constitution was made.

It looks to me as though we could not have much forensic medicine unless we have a State Constitution and a good deal of centralization. I can imagine we do not require much forensic medicine when we have two or three millions of people on one million square miles spread over an immense territory and distributed in a large number of small municipalities. But when we have one hundred millions on the same territory, the case is different. Then there is more friction and crime on one side, more social needs and more scientific

thought on the other. We have more population, more solid constitution, and with the formal establishment of society we have and require more forensic law.

On the other hand, we could not have forensic medicine as long as there was not much medicine, and no great observations and scientific principles in medicine, but as soon as there is a development of physiological anatomy and biochemistry, it is possible to have the principles and science of forensic medicine. Thus, it appears to me, that in the same degree that law is established in a community and exact medicine is born, there is a scientific, *forensic* medicine.

I do not mean to say that we are at the end of the development; if that were so, we would not disagree about important points. I say, for instance, that I totally disagree with the learned judge who gave us what looked to me like a very impressive charge to a jury. As a medical man, I believe he was totally mistaken in his law points. For instance, he compared the extension of malarious diseases on the one side, and that of murders and inebriety on other from the same point of view. The learned judge says: "You doctors must extinguish the cause of malaria; you must extinguish the germs; you must do away with the dirt, etc. You must extinguish it radically; if you leave the merest trifle, preventatives are good for nothing.

"Now, you doctors have, to-night, declared a disease; therefore you must do away with the cause."

But, Mr. President, if you want to draw a parallel,

make it correctly. The correct parellel, in the sense of the judge, would be this: that if the cause must be destroyed, there must be no alcohol, which is the "germ" of inebrietv.

He also spoke of responsibility. He said that under the law he had to treat every case alike. But I say inebriety, that is a hereditary disease and the inebriety that comes from a frolic—from a banquet like this, for instance—are different affairs altogether.

It has been my good or bad luck to be called away on Sunday afternoons. Coming home from New Jersey or Long Island somewhere I meet on the ferry boats crowds of men, women and children—of the former very many not sober. Why? Because they have gone away from New York City for the purpose of drinking more than they would have done in New York City. They come home intoxicated. There was not a single one whom I would call diseased. But it is different when a man is intoxicated because he has been more or less intoxicated all his lifetime, because he came from inebriate or insane stock. There is disease. Are the two classes I alluded to to be treated equally, and punished equally, when they commit murder. The latter is hardly more responsible than a man who commits murder while suffering from brain fever. Thus what is called crime, because of its effect, is not always the same thing. And what is punishment nowadays, or what is it to be in the future? Is it revenge? If punishment is to be revenge, then when a fellow takes your

eye, you take his; if he takes your life, other people will take his. Take Lynch law—there is this kind of punishment, there is revenge on the spur of the moment. What the judge wants is the protection of the community, and in regard to this point the practice of our own law is very much more sensible than our theory. When we *speak* of punishment we carry in our minds the idea of revenge, but the fact that we carry our cases before a jury of human beings, that we look for mitigating circumstances or for an *explanation* of the unsocial, abnormal, "criminal" act, proves that our practice is nobler than the idea of "punishment."

There is only one way in which to define punishment in a civilized community; that is, protection of society. A man who knows he has committed murder is himself murdered or put into a State's prison. A man who did the same thing but did not know of it because of a clouded mind, is, however, just as dangerous to the community. That is true. Thus he must be made uninjurious by putting him where society cannot be troubled or endangered by him again.

He is lodged in an insane asylum. But then it may happen that after twelve months a cheap doctor and an expensive lawyer combined get him out. He is declared cured, and he does the same thing over again. Such a case came under my observation.

Some twenty-five years ago a man killed two women, whom he married one after the other. The second he married after he had been declared well and sound. The

doctors "cured" him, and a year afterward they had to "cure" him over again: in both cases a "legal mind" and an "intelligent jury" pronounced the efficacy of his cure. These are the cases in which both medicine and law, as represented in this Society of yours, have an important work yet to perform.

Excuse me now, Mr. President. Unfortunately, I was not present at the reading of the papers of the evening, and therefore ought not to try to participate in the discussion. I heard you say, Mr. President, that after the dinner there might be some seriousness, and I admit it might have been quite a serious matter to listen to me.

DR. WM. F. HOLCOMBE.—A doctor of London has said that where there is such a large consumption of any one article, as of opium, for example, that it shows the Lord made it for the benefit of the world. I can also believe that alcohol is made for the necessity of mankind. Its *abuse* is what does the injury. Doctors, I am obliged to confess, have a good deal to do with the creation of appetites for liquors, by prescribing tinctures and medicines containing alcohol. Drunkards cannot have healthy children. Therefore, I believe that many diseases cannot be eradicated until you stop the use of alcohol in spirituous forms. In Germany and France, where light wines and beer are used, there are not many cases of excessive drunkenness. It is wise to limit the use of alcohol to light wines and beers. I believe that would prevent much intemperance and lessen the diseases

which come from alcohol and their inheritance by the offspring of drunkards.

DR. LUCY M. HALL.—With regard to the question which Mr. Bell has brought forward in connection with women's work in the care of inebriate women in our prisons: I do not consider inebriate women criminal women. Five years of work among these women has taught me to believe most thoroughly that there is no greater mistake—nothing more cruel or inhuman, nothing more unjust than allowing them or forcing them to be so characterized.

Wherever crime may be added to the fact of inebriety, then there is room for consideration, but where inebriety is the only offense; where, as I have seen, women are snatched from their families simplybecause they have taken a glass of beer too much, it does not justify their being arraigned and brought before the tribunal and sentenced and sent off to prison as criminals.

Considering what Dr. Jacobi said this evening of the protection of society against the inebriate, I think we should consider the protection of the inebriate; and we cannot protect the inebriate from *himself* without at the same time protecting society from him. There is a better way of doing this than the old prejudiced way which is rapidly yielding before the combined force of persons who are thinking this matter out. I hope and pray and believe that better days are coming with regard to the manner in which inebriates are to be treated. I believe that no possible legislation

shall be too strict with regard to it. I do not believe in any careless or weak way of considering these matters. Have the inebriate placed under control, but let that control be as absolutely free from anything that means criminality as it can possibly be. I believe the generation of societies like this is, perhaps, doing more to right the great wrongs which are being enacted than anything else, and those who are working earnestly and thoughtfully in this direction are doing a work than which there is no better and which can be productive of no better results. We surely have a right to hope and expect much from the efforts which are being put forth in this direction.

DR. F. K. PADDOCK, of Massachusetts Medico-Legal Society.—This question of inebriety, it seems to me, is a very complicated one, and one, I think, we are apt to think differently about. The question of inebriety as a disease—is it a disease of inheritance, a hereditary trouble, or is it a disease brought about simply by the use of alcohol? It is maintained by some that it is a hereditary trouble, and that people are born with a desire for drink. It is not clear to me yet that such is the case, and still I have had, in my own experience, children who, when very young, seem to have an aptitude, or, more properly speaking, a fondness very early for stimulants. But it has seemed to me that they have not inherited the desire as a disease, but simply that they have inherited a certain condition of the nervous system which makes them fond of stimulants; not from any abnormal condition of the brain.

DR. WATERMAN.—The use of alcohol in drink seems to me to be spread all over the world and through every nation, and I have no doubt that in the majority of cases, perhaps without an exception, there is a secretion of alcoholic element which is necessary for the proper sustenance of the human system, and in looking for the cause of inebriety we may find that the secretion of this dynamic alcohol has suffered a suppression from some cause or other and produces a want in the system that induces the individual irresistibly to find some artificial substitute.

It is not in my power to verify what I say to-night, but if it is permissible I shall write out my ideas and hand them to the President of this organization. This is a subject that interests not only medical men, but every man in society.

Dr. FRANK H. INGRAM (Assistant Medical Superintendent of the New York City Lunatic Asylum).—It is when the man has no longer the power to resist the desire for intoxicating drinks that he becomes a true inebriate; that vice leaves off and disease begins. After attaining this state, he is not a responsible being, and he does many acts which are inconsistent with a sound mental condition. The craving for drink is so powerful that all the higher attributes are held in abeyance; the victim will resort to any means to satisfy his appetite.

Although the inebriate may try for a time to overcome his morbid tendency, he cannot do so for a long period. If his friends take measures to have a guardian

appointed, and by depriving him of his income remove the means of obtaining that which has been the source of his trouble, he may submit for a time, but he broods over his misfortune until he passes into a state of general mental depression. The melancholy soon vanishes, and is followed by a condition of irritability—one in which the good and the bad struggle for supremacy—and at this time the desire for drink is most pronounced, and the inebriate will pawn his clothes, or even steal, in order to get money for drink.

In regard to the best means of curing this evil, the opinions expressed in all of the papers, and particularly in the last one presented, seem to point to one great remedy, *education*. We must appeal to the selfish nature of man, and teach him to avoid an evil because of the injury which it may do to him as an individual.

Ex-Judge Noah Davis.—I have been requested by the President to speak a few words in conclusion, on the subject you have had under consideration for the last two meetings. I regret to say that I have had no time to make any preparation, and what I do say must be said on the spur of the occasion. Nearly all of the medical papers which have been read lead our minds to the same conclusion, to wit: that inebriety is in its nature, consequences and effects, a disease, and ought to be treated as such. Assuming that position to be true, as I am in duty bound because when doctors *do not disagree* laymen are to accept their conclusions, then, as a matter of course, all doctors should unite in their treatment of inebriety as a

disease, and, as in modern days all good doctors do, should seek to exterminate the disease by destroying its cause.

In malaria the first inquiry of a good doctor is, what is the cause? What local conditions have you which proper sanitation will discover and remove? Whenever there is danger of invasion of yellow fever or of cholera from abroad, the first step is to find and stamp out the germs. When that is done, the doctors are able to proclaim to the public that safety against the disease exists.

All the doctors, therefore, who have concurred in the view that inebriety is a disease should first devote their attention to the grave question, What will remove or destroy the cause that produces this disease?

Will it do in any community, instead of removing the cause, to spread it in every direction? Is it proper to fill up a great city like ours with more than ten thousand grog shops, each dealing out on every hand the cause of a disease which doctors declare to be of the most serious and destructive character? Why, I suppose that it is eminently proper under such circumstances that every doctor should do with inebriacy precisely what he would do with cases of malarial fever or virulent diseases of any kind among his patients, and especially if they were of a kind easily spread by topical and controllable causes. Then it follows, in my judgment, that the first duty of the doctors is to enlighten the community against the dangers of this disease and its work and effects; and, secondly, upon the best possible mode of getting rid of

the pest holes in and out of which the germs of this terrible disease are constantly growing and springing. And therefore my conclusion is simply this: That sanitation is the proper remedy, and that appropriate sanitation must be applied for the destruction of all producing causes; whereupon it will follow that if the causes are destroyed, the disease will cease in time to exist.

That this is the true practice may be illustrated by cases which have fallen under my own observation. The town of Pullman, in Illinois, has something over ten thousand inhabitants. It is a town entirely under the control of the company to which all its buildings and works belong. In that town there is not a saloon, a drunkard or a pauper. Inebriety does not exist, and the reason is found in the sanitary provision which tramples out the germ. If that remedy should be applied—though I don't think it can be universally applied in such a community as ours—but if it could be applied, many a doctor and lawyer would lose a great share of his business.

The other night several eminent lawyers had a chance to talk on this subject, and by them it was presented with a view to its effect upon crime and the propriety of punishing intoxication as a crime, or rather punishing as criminal, acts committed by persons in a state of intoxication. Some of the papers then read seemed inclined to take the view that the inebriate, or the person who committed a crime while intoxicated, should not be punished because his offence was the result rather of disease than of criminal intent, while others combatted that

idea. But I think the views of some of those papers are not sound when applied for the protection of society. You will recollect that in the forming of criminal laws and in their application and execution the great motive must necessarily be the protection of society. The masses of mankind who make up communities are not inebriates. The vast majority are persons who do not indulge in intoxicating liquors. They are to be protected in their business, their homes, in short, in all their lives, by the application of certain legal rules which of course are to be firmly established and properly applied. Now, in the administration of laws of that character, it becomes, as a matter of course, a necessity to apply and enforce them as against all classes of criminals, and the criminal inebriate cannot therefore be excused. He who is drunk and violates the law cannot be exempted because he is drunk. In point of fact, the principle of the rule of law which originally held the drunkard to be a voluntary madman, required him to be punished for thus making himself mad, and therefore to be held responsible for his acts in violation of law, although performed by him when drunk.

Now, in the application of that principle to cases of guilty inebriacy, there was never any departure from the true philosophy of the law. Whether drunkenness be or be not a disease, was not the point to be determined, but the point was then, as now, whether drunkenness, if it be a disease, is or is not to be treated like other diseases, in the commission of crime. *No disease*

excuses any man for the commission of crime. A man in the last stages of consumption is to be hanged for a murder as surely as though he were in perfect health, and no disease by reason of its own existence can, under any circumstances, excuse any man for the commission of crime; hence, to establish that inebriety is a disease, is only to put it on the exact footing on which all other diseases stand in respect of violations of law and their punishment.

I think this is a plain solution of any question that arises as to the duty of society, or its right to enforce laws against people who are inebriates, and, being such, commit crimes. There could be no safety in any other rule, for the simple reason that if the fact of being drunk was an excuse for committing a crime, every man would get drunk who contemplated committing a crime.

The state of things would be intolerable, as every one can readily see, if we alloweds uch a rule to prevail in the administration of the laws. With such a rule we could not protect society from the evil consequences of crime. If such a rule were to prevail, it would extend to any other of the intoxicants or stimulants which put men into conditions in which they are more ready to commit crimes than when free from such conditions.

There can be no manner of doubt that the vast majority of crimes against our laws, and especially those which involve personal violence, find their cause in drunkenness. It is one effect of intoxicating liquor to so excite the nervous systems of men as to lead them more

readily to the commission of crimes; and crimes are committed—especially those that involve violence to the person—almost always in or near the grog shop where the criminal has first excited himself by drink.

At a late Oyer and Terminer, I tried three young men for homicide, each one committed in one of the grog shops of the city, early on Sunday morning, kept open in violation of the law. In each case no offence would have been committed except from the effects of intoxicating drink; but to have excused the drunken criminal in those cases would have been an example of evil as bad as his crime. In point of fact, there is no doubt that many persons first subdue their own consciences by preparing to commit crime through drink.

You recollect, doubtless, that celebrated murderer, Burke, who, in Edinburgh, many years ago, committed his murders in a manner which subsequently took his own name. He himself, in his confessions while in prison, stated an instance. He said he had never in his life, in all the crimes he committed—and his murders were very numerous—had had any compunctions of conscience, but once, and on that occasion he held in his arms an infant which he was about to smother, and the little babe looked up and smiled in his face. "But," said he, "I took a good glass of brandy and then I had no further trouble."

This, in point of fact, is an illustration of the effect of intoxicating liquor on many persons. Now, the law treats inebriety precisely as it does any other disease, and

more particularly in such crimes as homicide, in its various degrees which require careful investigation of the condition of the mind. That state of the mind which is adjudged to be insanity has the same protection of the law, whether it be a result of the disease called inebriety as though it be the result of any other disease. There is no difference in the investigation which the law makes and in the result which it reaches. There is no defence, of course, of crime in intoxication. So there is no excuse or defence of crime in insanity; not for the reason that an act has not been committed which in a sane person would be criminal, but because where insanity exists there is no crime.

I think you must all understand the point as to the necessity of ascertaining, on criminal trials, whether or not such a state of mental condition is proved as shows that the act is not a crime, and so where insanity is sought to be established after an act is proven which would otherwise be a crime, the effort is not to show an excuse for crime, but simply to show that such a condition exists in the person charged with crime that he could not be guilty of anything criminal. The same rule prevails, without the slightest change, whether that condition has sprung from disease of the brain, normal or abnormal, hereditary or self-caused or otherwise, the inquiry being whether the condition exists which excludes the idea of crime; and whether it be caused by disease produced by drunkenness or inebriety, or in any other mode, the result is precisely the same. The law,

therefore, does not make any difference, in treating inebriety as a disease, between the effects of that disease in reducing the human mind to the condition which is denominated insanity, and the effect of other diseases. It pauses not to inquire what is the cause after the condition is satisfactorily shown to exist.

I have myself tried cases where a conviction was denied by the law because drunkenness had produced an absolute condition of insanity. Now, whether we call drunkenness a disease, or not, makes no difference in the operation of the law. A voluntary demon who has produced a condition himself, by his own act, which is not the disease known as insanity, is not excused; and just so it would be if that condition had been produced by any other kind of disease.

I have only to add, in conclusion, that in administering the law on this subject, it is an absolute necessity that the rule shall be that a drunken intent is just as guilty as a sober intent. In every case, therefore, where the inquiry upon the trial is, was the act done with the intent to do it? the party accused having knowledge of what he was doing and of the consequences of what he was doing, the rule is precisely the same, whether he was drunk or sober, for the law has settled that a drunken intent is just as guilty as a sober one; and in seeking to determine whether or not the intent exists, it takes into consideration his inebriety, if that be the supposed superinducing cause, just as it takes into consideration another disease, or any other cause that may have

affected the intellect of the man so that he could not form the necessary intent. If the law did make a difference in favor of intoxication, then it would favor the terrible evil that produces intoxication; and thus it would invite men to get drunk before committing crime, instead of treating drunkenness as an aggravation where it does not reach the result of producing actual insanity.

Now, in insanity, the question submitted to the jury always is, was the man's mind in such a condition when he fired the pistol, or struck the blow which destroyed the life of his fellow man, that he knew what he was doing, and the consequences that might and probably would follow the act he was doing, and intended to produce them? In such case, if the jury find adversely to the prisoner, the alleged insanity ceases to be of any importance, because there is not existing that state of insanity which causes the act not to be criminal; and that question is submitted to the jury. I have no recollection, in all my experience, of having a jury fail to understand the real point and pass upon it, and where insanity actually exists it seldom fails that the jury discovers it, and gives the alleged criminal its full benefit.

In considering this subject, doctors are very apt to fall into the idea that inebriety should, of itself, act as an excuse for crime. To prevent its punishment it should not so act in any case. It may, perhaps, operate justly in some cases, as a modification of the guilt in the mind of an intelligent judge, to grade the crime, or to affect the sentence; but in all other respects inebriety must

stand upon the footing of all other diseases, and when it is attempted to excuse crime because of its existence, it must be treated as any other disease.

I am sorry I have not had time to put my thoughts on paper. I have been exceedingly interested in the discussions here, and I regret that I have not been accustomed to attend them before. All the papers contain ideas worthy of consideration and preservation. I was greatly interested by the paper read by the lady who sits behind me, and who seems to have taken a good, common-sense grasp of the subject, and forgotten all technicalities in endeavoring to present it so that plain minds like mine could comprehend it.

CLARK BELL, ESQ.—In introducing this topic for consideration and discussion in the Medico-Legal Society at this time, I have desired to arrest the attention of two classes of thinkers, to what must be conceded by all, to be one of the most important social problems of the time.

1. The medical men, to establish alcholism as a true disease, within well defined limitations, that could be easily recognizable by the lay or legal mind; and

2. To statesmen, legislators and jurists, to inquire whether legislation was necessary, or able to remedy existing evils, in the social condition of the inebriate, or his relation to the state, or society.

I do not feel that I have quite the right to enter into the discussion, which has been so able, so broad, and which touches all the borders of the subject, from such varied and widely divergent standpoints.

I prefer, instead of prolonging the debate with my own views, to round out the work of the hour, by bringing to your attention some of the papers that have been read before this body by the able men, who in past years have considered it. DR. STEPHEN ROGERS, a former president of this Society, and by whom I was induced to become a member, wrote a paper read December 8, 1868, as did Dr. James O'Dea, one of the oldest and most respected members, in the same year, and Dr. Paul de Marmion, an elaborate and carefully prepared essay in March, 1871.

It has seemed to me that some of these papers should have a place now, when nearly twenty years later this subject is again revived.

This is all the more proper, when the sentiment of the Society is so outspoken, that these papers, and this discussion, should take the form of a separate volume upon this subject.

If the papers read before this body and the discussions they have elicited, shall serve any useful purpose in influencing public opinion, inviting legislative action to any means, of averting existing ills, the fruit of the scourge of intemperance, which now afflicts the human race, I shall ever feel proud of the honored place which the Medico-Legal Society will occupy in this humane and philanthropic work.

THE INFLUENCE OF METHOMANIA UPON BUSINESS AND CRIMINAL RESPONSIBILITY.

By Stephen Rogers, M.D., of New York.*

From the earliest human records down to our own day, effects of alcohol upon the body and upon the mind of man have constituted an important item in his history. Physiologists, pathologists, physicians, lawyers, judges and divines have each and all taken prominent parts in the discussion and in the management of this great subject. It is a most intimidating circumstance to any change of the views hitherto entertained by the courts of the enlightened nations, that this society may chance to advocate, that they have with solid uniformity, been careful about admitting alcoholic mental affections as causes for legal interference with the liberty of the individual, or with his responsibility for crime. No hope may be entertained of effecting a reconsideration of these time-honored rulings, unless it can be shown in a most convincing manner that there exists such a disease, both of body and of intellect, as may be termed alcoholic.

We will, therefore, first review this branch of the subject.

* Read before the Society, December 8, 1868.

While it is undisputed that any substance which has the power of producing disease of the stomach, liver and other organs connected with the digestive system, will indirectly affect more or less gravely the brain, it is sufficient for the purposes of our discussion that the known effect of alcohol upon the brain and nerve substance directly, be examined. We will, to that end, start with the proposition that the affinity of water for alcohol is greater than it is for any of the tissues of the body. While this is a proposition directly demonstrable upon dead tissues only, in which the removal of their watery constituents by saturation in alcohol may be shown to be nearly fifty per cent., physiological effects present all rational proofs that even the tissues endowed with vitality are liable to the operations of the same chemical law. In the dead tissue, a more or less rapid sinking of its substance takes place when immersed in alcohol, the results of the escape of its contained water, and the substitution of alcohol. That this process also takes place where living membranes filled with capillary vessels are covered with alcohol, is satisfactorily shown by dropping this fluid upon the web of the frog's foot or the bat's wing. Under these circumstances, the movement of the blood in the vessels soon stops, the corpuscles congregate and contract, the caliber of the vessels diminishes, till at last all movement and perhaps vitality ceases in the part, and it remains a shrunken, leathery, insensible structure, very liable to slough and disappear. This effect is more or less marked, according as the fluid is more or less purely alcoholic.

That a similar result may take place—does indeed take place—when more or less concentrated alcohol is introduced into the cavities of the living body, may be reasonably inferred from the well-known fact that thirst follows the use of alcoholic drink, at the same time that increased urinary discharge occurs; the alcohol displacing a more or less considerable amount of water from the tissues of the body, throwing it into the circulating blood, whence it passes off by the kidneys; facts which were unknown to the good mother, who felt sure her sons did not drink at night for they were always very thirsty in the morning.

It therefore, appears satisfactorily shown, that both in the dead and living tissues of the animal body, the affinity between alcohol and water is actively manifest. This fact in animal chemistry finds it application to the subject we are investigating in the next proposition we shall make, viz.: the great amount of water any animal tissue may contain, the more marked will be the action of alcohol upon it. Now, of all the structures of the human body, the brain is that which contains the largest percentage of water, and therefore, under similar circumstances, it will be the organ most markedly affected by alcohol.

More than thirty years ago, Dr. Percy, of England, performed a series of experiments, with the object of determining the presence of alcohol in the substance of the brain and ventricles, in animals poisoned by alcohol; in the course of which he found that alcohol, after a

little time, was found in greater per cent. in the brain-substance than in the blood of the animal, and that it was found in the brain-substance in marked quantity, when scarcely a trace of it appeared in the blood.

In remarking upon this interesting fact, Dr. Carpenter, in his essay on the uses and abuses of alcohol, says:

This fact is one of fundamental importance, as showing us how directly and immediately the whole nutrition and vital activity of the nervous system must be affected by the presence of alcohol in the blood, the alcohol being thus specially drawn out of the circulating current by the nervous matter, and incorporated with its substance in such a manner as even to change—when in sufficient amount—its physical as well as its chemical properties."

From the remarks heretofore made, and the natural presumption that alcohol, taken into the circulation from the stomach, must be more or less largely diluted before reaching the brain by its admixture with the blood, marked permanent chemicovital effects upon the tissues of that organ need not be looked for, under the ordinary circumstances of a fit of intoxication. But should these be often repeated, it is not difficult to comprehend how a permanent alteration of nerve-structure may be the result. Dr. Carpenter adds the following obviously very reasonable remarks upon the effect of even small amounts of alcohol in the blood, upon the brain structure, with which it has so great an affinity:

"It is important to observe that this affinity is such as will occasion the continual presence of alcohol in the

blood, even in very minute proportion, to modify the nutrition of the nervous substance more than that of any other tissue; for the alcohol will seek out, as it were, the nervous matter, and will fasten itself upon it."

Though it is in all probability true that alcohol, in the concentrated form, does act upon living tissues in a destructive manner when they are exposed to it with no pretection, yet in the degree of dilution it is usually imbibed by humanity, its effects are, except remotely, transitory. Its demonstrable effect upon the capillary circulation, however, enable us to form some idea, approximating the truth, perhaps, of the commotion set up during a fit of intoxication, between the alcohol in the blood circulating through the vessels of the brain and the watery portion of the brain substance surrounding those vessels, which watery portion constitutes about eighty per cent. of the mass of the brain.

Most persons have witnessed the intellectual and nervous phenomena this commotion gives rise to, varying from the slightest exhilaration or torpor to the wildest frenzy or deepest coma, from the most moderate effect upon thought and powers of motion, to the total abolition of both. To be intoxicated would, therefore, appear to theoretically involve the wonderfully intricate structure of the brain in no trifling risk of more or less permanent injury. Practically, however, it is among the wonders of the restorative powers of the economy, that such risks are not manifested till many repetitions

of the act. Sooner or later the results begin to appear. Permanent derangements of the intellectual faculties, or of the motive power, or both, become apparent.

Dr. Carpenter remarks, very justly, that "There are, in fact, scarcely any diseases of the brain which are not so much more frequent among the habitually intemperate, than among the habitually sober, as to justify us in regarding the excessive use of alcoholic liquors as among the most efficacious of the conditions of their production."

To be thoroughly impressed with a proper idea of the disturbing disorganizing tendency of these alcoholic shocks upon the intimate delicate brain structures, I know of no better means than a careful study of them with the aid of the microscope. As we have already stated, the diseased conditions resulting from these shocks manifest themselves in both the motor and mental departments of the brain system. Though our inquiries carry us into the mental manifestations of those diseased conditions, the intimate relations of the two classes make it essential that we know and recognize the motor indication of alcoholic disease also. Twenty years ago, Dr. Carpenter, after concluding a graphic description of delirium tremens, wrote:

"That a slighter form of this disorder, marked by tremors of the hand and feet, deficiency of nervous power, and occasional illusions, will sometimes appear as a consequence of habitual tippling, even without intoxication having been once produced. And a still

slighter manifestation of the want of control over muscular apparatus—such as the trembling of the hands in the execution of a voluntary movement—is familiar to every one, as extremely frequent among the habitually intemperate. We thus see that the disease is at least as much dependant upon the disordered state of nutrition, consequent upon the habitual presence of alcohol in the blood, as it is upon the violence of the excitement, which is the more immediate effect of the stimulus."

Although he does not so distinctly express it, Dr. Carpenter alludes to the nutrition of the brain exclusively in his remarks. These symptoms of functional motor disturbance, the result of chronic alcoholic poisoning, Dr. Marcet states, in his work on Chronic Alcoholic Intoxication, "may last for weeks, months, or years, even after the habit of excessive drinking has been given up;" the truth of which remarks the experience of most observers confirms. "The sharp features, or, if he be fat, the injected cheeks and nose, and their violet appearance, the trembling of the limbs, often of the whole body, or a want of steadiness and co-ordination in the movements, not very unlike incipient chorea, are all symptoms which we should not fail to observe." This tremulousness is more or less marked, especially by day, and when the person is sitting; sometimes it is confined to a part of the body, as of the tongue, or one extremity; some only tremble when they rise in the morning, giving them difficulty in dressing. In other cases, where trembling is not present, an awkwardness

of gait, or of other voluntary movement is observable, giving even young persons the carriage and behavior of old age. Their hands cannot be relied upon to perform the mandates of the will, and a constant effort is requisite to avoid stumbling.

"It is remarkable," says Dr. Marcet, "how long this condition may last," as evidence of functional and no doubt organic brain disease, "and how rapidly it disappears under proper treatment." Dr. Marcet relates a case in which this clumsiness of the lower extremities was so great that the person could hardly walk, even with the assistance of a stick. A feeling of weakness and heaviness from the hips downwards, I have many times seen complained of in these cases; and they are generally made worse for several days by a fit of ixtoxication.

Symptoms of threatening paralysis often present themselves under the circumstances. With these facts before us relating to the effects of alcohol upon the motor system of nerves, facts which, unfortunately, we too often see proven in the persons of those we meet daily, we will now extend our inquiries to its effects upon the intellectual and moral portions of this wonderful apparatus. Dr. Carpenter, remarks, with a great deal of reason, that alcohol seems to single out the encephalic or brain portion of the nervous system, almost to the exclusion of the spinal or motor system; just as strychnine singles out the spinal or motor system, almost to the exclusion of the brain. Whatever

ravages, therefore, may be committed upon the motor system by the continued excessive ingestion of alcohol, we have undoubted reason to expect that the intellectual system will be a still greater sufferer.

Practically, we find it to be a fact, that of all the cases of insanity admitted to the asylums in various parts of the world, a per cent. varying from fifteen to fifty and sixty is put down to the effect of the intemperate use of alcohol on the individual or ancestors. Dr. Carpenter thought that twenty-five per cent. would be quite small enough an estimate for the asylums of Great Britain. There is no reason for supposing our own country's number would be found to be less, if we may judge from the fact, that in a single asylum the cases of *mania-a-potu*, in 1867, amounted to about eleven per cent. It is stated in the petition to the Legislature of the State of New York, for the establishment of the Inebriate Asylum in 1857, "that fifty-five per cent. of all our insanity, and sixty-eight per cent. of all our idiocy, springs directly or indirectly from inebriety alone." The action of alcohol, then, as a mere physical agent in the production of disease of the brain substance, is abundantly shown, and that means disease of mind also, for, as a distinguished author truly remarks, it is ridiculous to suppose that insanity is a disease of the mind and not of the body.

Mens sana in corpore sano is undoubtedly a very good and true general proposition, but it finds its special application in relation to the brain.

Now, diseases of the brain, when produced by alcohol

as well as by other causes, have their various degrees of severity. It is sufficient for the purposes of our inquiry that we have shown the ability of alcohol to produce extreme brain disease, so we will now review the various grades of brain unsoundness it is recognized as producing, and thereby show the phases of mental unsoundness it gives rise to. Passing over the inebriating influences, and the various phenomena primarily produced by alcohol, transitory effects which leave no appreciable results after more or less time, we will mention insomnolence, a well known result of cerebral derangement, from a great variety of causes, and a very constant symptom in the positively insane. These periods of insomnia follow fits of intoxication for a long time in some cases, before they give place to declared delirium. They are not infrequently attended with hallucinations of a generally disagreeable character, the objects often appearing double or greatly magnified, or performing some movement which the person interprets as of evil omen. A gentleman of my acquaintance, while under the effect of an over-indulgence in alcoholic drinks, supposed he saw two doves start up from the road, along which he was driving, and, after fluttering along for a moment over his horses, soar away to a considerable distance, and suddenly plunge into a new-made excavation in the earth. So real did it appear to him that he became at first quite out of patience with a friend who was riding with him, because he did not see the doves also. He, however, became convinced that he had seen

nothing but a ghost, foretelling some calamity which he suspects but does not express. I have, unfortunately, only partially succeeded in convincing him that it was alcoholic, and I have in consequence had but bad success in improving his habits. This person has never had delirium. Dr. Marcet relates the case of a cabman suffering from alcoholic disease, who frequently pulled up his horse in the street suddenly to avoid running against an obstacle he distinctly saw, but which he found, upon examination, not tangible. On another occasion this same patient saw things multiplied as many as ten times, so that he could not tell which of the ten to drive clear of, and he was in consequence obliged to give up driving for the time. Similar hallucinations of the hearing, of the taste, and of the smell are known to occur, the patients believing that they are drinking or smelling brandy instead of water, or that they hear voices and sounds that do not exist. These mostly occur during the long sleepless nights, but occasionally during the intervening days. They often immediately precede delirium, but may, as already stated, be the only manifestations of unsoundness of brain for a long period. This affection of the brain is as a rule promptly recovered from, if the cause is not repeated. Unfortunately, however, this measure is too frequently disregarded, on account of the existence of a disease already more or less considerably advanced, viz., morbid desire for intoxication, which is in fact only an expression meaning a positive disease of brain-structure, as much as any of the hallucinations above referred to.

What are the reasons for the belief that this desire is an expression of brain-disease? The first reason we may mention, is found in the fact that it is known to be occasionally produced by accidents which seriously disorder the dynamical properties, and probably the relations of the intimate constituents of the brain-structure; such as severe blows and injuries of the head, resulting in concussion, fracture of the skull, and laceration of the brain-substance, especially concussion; by severe loss of blood, as that often attending child-birth; by the reflex disturbances of the brain and passions during pregnancy, and by the constitutional disturbances which are not unfrequently witnessed in women at the critical period of life, and at the menstrual periods. Dr. Carpenter quotes Dr. Hutcheson, an author of a lunatic asylum report, as having witnessed its occurrence during convalesence from severe fevers; as produced by excessive venereal indulgence; as having witnessed it in some forms of dyspepsia, and in men whose brains were overworked, without, in any of those cases, having been able to detect any other cause for it.

Dr. John E. Cuyler, the experienced and very intelligent Superintendent of the McLean Asylum, in his annual report, for the year 1866, speaks of these unfortunate cases in the following language:

"It sometimes happens that after a fever, or other severe illness, or after a fall, or blow upon the head, or after a severe domestic affiiction or bereavement, or a sudden loss of property, a person always temperate is

seized with, and yields to, an impetuous desire to drink ardent spirits. This is lamented by the individual as much as by his friends, but by successive indulgences which he cannot refrain from, and from which he is not prevented by others, he reaches the sad mental and moral condition of the inebriate * * * * Such," he adds, "deserve, but do not have sympathy, inasmuch as mental disorder preceded and causes the excess."

Now, as these are all causes recognized as productive of more or less permanent and grave lessons of either intellect or motor power, or both, we are irresistibly drawn to the conclusion, that when they produce methomania, they do so by the production of positive brain-disease, mainfested by morbid appetite or desire.

An obvious corollary would then be, that all cases of methomania are produced by positive brain-disease, whether such disease be produced by the causes just enumerated, or the habitual and excessive introduction of alcohol or other similar agents into the substance of of that organ, or be inherited. This desire for stimulants seems to arise from a depressed or impaired vitality, an instinctive consciousness of which creates a longing for the means of improving or relieving it by stimulation. The second reason for believing that it arises from brain-disease we may advance is, that this disease is hereditary, in the same manner that insanity, epilepsy, syphilis, consumption, and other well-known diseases are hereditary. This fact, established as it is by an enormous amount of miserable example, presents the most frightful aspect of this whole subject.

Hereditary inebriety has been an admitted fact for many centuries. Thus Aristotle is reported as declaring that "drunken women bring forth children like unto themselves;" and Plutarch says that "one drunkard begets another." Dr. Carpenter states that all evidence upon the subject not only goes to show that the intemperate use of alcohol aggravates the operation of other causes of insanity, but that it has in itself a "special tendency to produce idiocy, insanity or mental debility in the offspring." He further remarks: "Looking to the decided tendency to hereditary pre-disposition in the ordinary forms of insanity; looking also to the fact that any perverted or imperfect conditions of the nutritive functions established in the parents are also liable to manifest themselves in the offspring (as in the case of gout or tubercular disease), we should expect to find that the offspring of habitual drunkards would share with those of lunatics in the pre-disposition to insanity, and that they would, moreover, be especially prone to intemperate habits. That such is the case, is within the knowledge of all who have enjoyed extensive opportunities of observation. The same author quotes from a report of the physician of a lunatic asylum the following statement: "The drunkard not only injures and enfeebles his own nervous system, but entails mental disease upon his family. At present I have two patients who appear to inherit a tendency to unhealthy action of the brain from mothers addicted to drinking; and another, an idiot, whose father was a drunkard."

It is believed by some authors that parents give to their children only those qualities or powers and tendencies to diseases and propensities which may be most conspicuous in them at the time the creature is begotten. I have yet to see the first case in support of the doctrine that a child begotten during an accidental fit of intoxication by a parent of sober habits, as a rule, is liable to inherit either idiocy or methomania. But that the permanent alteration and diseased constitution of the brain, as an organ, should transmit its peculiarities to the progeny in some form, there is too much evidence to dispute.

Says Dr. Maudsley, in his learned work on the Physiology and Pathology of the Mind, p. 228: "The influence of alcohol upon the mental function furnishes the simplest instance in illustration of the action of foreign matter introduced into the blood from without; here, where each phase of an artificially produced insanity is successively passed through in a brief space of time, we have the abstract and brief chronicle of the history of insanity, because the action of the poison upon the nutrition of the nervous centres is quick and transitory; but we have only to spread the poisonous action over years, as the drunkard does, and we may get a chronic and enduring insanity, in which the insane phases of drunkenness are more slowly acted, but if death puts a stop to the full development of this tragedy in his life, we may still not be disappointed at seeing it played out in the lives of his descendants; for the drunkenness of the parents sometimes observedly becomes the insanity of the offspring."

How long it will take the more or less constant presence of alcohol in the substance of the brain to beget a transmissible disease of that organ, is a most interesting but difficult question to answer. A very curious but significant account of an instance, touching this inquiry, is related by Dr. Turner in one of his reports of the Inebriate Asylum: "Three children were born to habitually inebriate parents, and were all three idiots. By some means, not stated, these parents reformed and lived temperately several years, during which period of temperance two more children were born, and were active and intelligent. Finally, the parents again fell into inebriety, and had two more children, both idiots."

Whether the mental disease thus transmitted be especially manifest in the motor or intellectual system, the additional disposition to take stimulants is more or less strongly marked in a very large percentage of the cases. The Investigations of Dr. S. B. Howe, reported to the Massachusetts Legislature twenty years ago upon this subject, have been fully supported by all later observers. Out of 574 idiots, whose condition and ancestral history Dr. Howe carefully inquired into, he found it possible to get reliable information of the habits of the parents of only 300 of them. Out of these, the parents of 145, or nearly 50 per cent., were found to have been notoriously habitual drunkards. The degrees of mental disease, or absence of mind, varied in these 145 children, from that of simple feebleness to the most utter idiocy. But amid this wreck of mind and body, a craving for

alcoholic stimulants was almost uniformly present among these pitiable progeny of inebriety. Dr. Howe remarks of them, that they were "deficient in bodily and vital energy, and predisposed, by their very organization, to have cravings for alcoholic stimulants." A very intelligent reviewer of Dr. Howe's reports make the following remarks upon the subject of this propensity to stimulata in the children of the intemperate :

"Many of these children are feeble, and live irregularly. Having a lower vitality, they feel the want of some stimulation.

"If they pursue the course of their father, which they have more temptation to follow and less power to avoid than the children of the temperate, they add to their hereditary weakness and increase the tendency to idiocy in their constitutions, and this they leave to their children after them." Dr. Anstie says, in his article on Alcoholism, "Reynolds' System of Medicine," "The sufferers from this disease are, I believe, usually descended of families in which insanity, and often insanity of the same type, is hereditary."

I need not accumulate more evidence of this character, which it would be easy to do. The effect is, beyond a doubt, established, that a diseased brain and body, as the results of alcoholic poisoning, manifest by methomania, transmit their acquired or inherited habits and propensities to the offspring. And the fact is striking, that the organ which has suffered most in the parent is, with few exceptions, the one most affected in the child. The

child has, in fact, inherited the brain disease of the father or mother, or both. It is not an inheritance of an accidental condition, such conditions are not transmitted. The parent who has accidentally lost a leg, or the mobility of a knee, or has lost an eye, or a tooth, does not beget one-legged, stiff-jointed, one-eyed, or toothless children. Positive alterations of the vital organization of the economy are alone transmitted as acquired or inherited disease. Methomania is so transmitted, therefore it is the expression of a positive disease. We can no longer doubt the truth of this doctrine. It has been doubted too long already. It is clearly the duty of every physician in the land to know it, to acknowledge it, and to promulgate it.

No more truthful or important sentiments were ever uttered than are those which follow, written by Dr. Howe, a score of years ago: "If ever," he says, "the race is to be relieved of one tithe of the bodily ills which it is now heir to, it must be by a clear understanding of, and a willing obedience to, the law which makes parents the blessing or the curse of the children; the givers of strength, and vigor and beauty; or the dispensers of debility, and disease, and deformity." We have seen with how much truth and propriety he may have added, and hands down to them a disposition to sobriety and virtue, or blasts them for time and eternity with a propensity to intemperance and vice.

As the last reason we shall adduce for the belief that alcohol produces a positive brain-disease, we will men-

tion the fact that many of the symptoms recognized as produced by alcohol poisoning upon the brain, are controlled or cured by the same medicinal agents as are known to be effective in various brain diseases, such as epilepsy, chorea, etc. Such agents are digitalis and the oxide of zinc; the former a well-known remedy in epilepsy, as well as much vaulted in delirium tremens, and the latter has long enjoyed a high reputation in epilepsy and other diseases of the brain, while Dr. Marcet, of London, has lately written a book about its virtues in what he terms Chronic Alcoholic Intoxication. In justice to my own conviction, however, I must be permitted to remark that this therapeutical evidence of a similarity between epilepsy and alcoholic disease is not, in my estimation, of the most convincing character. As others entertain a higher estimate of the value of the curative effects of both digitalis and oxide of zinc in the diseases mentioned than I do, I present the reason for any weight it may carry. Dr. Anstie, in his article on Alcoholism, subscribes to the efficacy of the oxide of zinc in this disease. But it would appear, that with all the reasons heretofore advanced, no additional ones would be required to establish the truth of the proposition, that methomania is a manifestation of brain disease.

While the line of argument I have followed has been in some respects unusual among writers upon this subject, the conclusions arrived at are not different from theirs. Methomania has been regarded by the highest

medical authorities for many years as just as much a mental aberration resulting from diseased brain as suicidal or homicidal monomania. In support of this statement, I feel that no excuse will be required for quoting the following authorities: Dr. Hutcheson, in his report of the Glasgow Lunatic Asylum, published more than a quarter of a century ago, treats of it as a form of mania, as a brain and mental unsoundness, which renders the victim of it irresponsible for his acts during its paroxysms. Dr. Carpenter, in his essay on Alcohol, written a few years later, speaks of it as "one form of insanity," and as generally having a sufficiently peculiar relation to alcohol to demand a notice of it in such a paper. Forty years ago, or more, Dr. Woodward, Superintendent of the Lunatic Asylum at Worcester, Mass., wrote a pamphlet upon this subject, urging the establishment of an asylum for the care of these persons, on the ground that they were the victims of a disease over which they had no control, and which rendered them irresponsible for their acts, and dangerous if left at large. About the same date, Dr. Roisch, a French writer, published a paper upon the effect of the excessive use of alcoholic drinks, and is credited by some authors with having first called the attention of the profession to methomania as a disease. Dr. T. E. Turner, the distinguished founder of our State Inebriate Asylum, in his report to the Legislature, in 1864, speaks of this disease in the following language:

"Every case of inebriety is a suicidal case of insanity

which needs the control and medical treatment of an asylum more than any other class of insane."

It must not be forgotten, while studying these effects of alcohol, that there are many other substances which, if employed in the same manner, and for equal time, produce permanent derangement of the brain cell-work. Of those may be mentioned opium, belladonna, stramonium, Indian hemp, and tobacco. The disturbing influence of these substances upon the nervous centres, each one differing more or less from the other, is too well understood to require mention here. These differences, however, indicating what is known or termed elective affinities, a peculiarity before referred to, as marked in alcohol and strychnine, promise to furnish us more definite knowledge as to the diseased condition of the tissue elected, than we have hitherto been able to obtain. I allude to the elective affinity, if it may be so called, which produces the disease of the optic nerve in those addicted to the more or less excessive use of tobacco. Tobacco-blindness, or amaurosis, is attracting much attention, and bids fair to open new fields of pathological study. While atrophy of the optic nerves, resulting from suspended nutrition, and slow disappearance of its capillary blood-vessels, is demonstrated by both the ophthalmoscope and the microscope to be the condition here, may not the same condition of the brain follow the use of alcohol, or the narcotics mentioned?

Dr. Tyler, whom we have before quoted, and whose opinions we regard as possessing the greatest weight,

speaks of this affection as follows: "Pathological investigation show that the brain is changed from a healthy to a diseased state by the action of alcohol. Healthy thoughts and healthy moral sentiment are not evolved by a diseased brain. To its possessor we attach no moral responsibility. An inebriate has a diseased brain. No will or agency of his can bring forth therefrom other than diseased mental and moral products. A person who is governed by an uncontrollable appetite, or by any uncontrollable influence, is not a responsible being, and should be so treated."

Dr. Ray, the present Superintendent of the New York State Inebriate Asylum, and late Superintendent of the Washington Home, Boston, in his report for 1867, says: "The extent to which the morbid craving for stimulants and the infirmity of will in resistance, which combined constitute the disease, having its source and sustenance in the impaired functional activity of the various organs of the body, can only be appreciated by one who has carefully observed it in a large number and variety of cases. As a disease, its character is most complex and obscure, involving as it does abnormal conditions of both body and mind, and varying in every case with individual temperament and characteristics."

A commission appointed by the State of Massachusetts some four years since, to report upon the condition of the asylums of the State, in speaking of this form of insanity, classes it as a disease under whose paroxysms or influence the victim should be cleared from criminal

responsibility. Under the conviction that the methomaniac is a victim of an uncontrollable desire, and therefore dangerous both to himself and those about him, and hence a fit subject for the interference of the State, more than fifteen hundred medical men of this State signed a petition to the Legislature in 1857, in favor of the establishment of an asylum for that purpose.' In that petition we find the following paragraph :

"Without such an institution, the physician has been compelled to turn from his patients discouraged, disheartened and defeated, and the victim of this painful malady has found a drunkard's death and a drunkard's grave. With this institution we can save hundreds who are now crowding our insane asylums, inundating our courts, dying in our prisons, and perishing in our streets." Dr. Anstie, in his article on Alcoholism, "Reynolds' System of Medicine," says of methomania : "It is, in truth, rather a variety of constitutional insanity than of alcoholic disease, but as the outbreaks owe many of their characteristic symptoms to the influence of drink, the disease requires notice in a treatise on alcoholism." If, after a review of the facts we have here laid before it, there shall still be found a mind so conservative as not to admit them as evidence of the existence of such a disease as methomania, which more or less seriously impairs the responsibility of its victim, then I have little hope of its conviction unless in some evil hour it become a subject of the disease.

I confidently believe, however, that but few such will

be found, and I therefore will proceed, upon the ground that it is admitted, to speak of some of the more prominent symptoms of the disease. The essential and diagnostic sign of this disease is an irresistible desire to take alcohol till intoxication is produced, and to continue that effect for an invariable time. A glass once or twice, daily, or, indeed, any moderate use of stimulants, will not satisfy this desire. Short of positive, deep, and prolonged inebriety, there is no relief of this diseased desire. It is not a pleasure of taste, as numerous very ludicrous instances of drinking whole glasses of fluid, before detecting the fact that it was not the liquor supposed, sufficiently attest.

No person can be more wretched than the victims of this desire appear to be, until they have fully gratified this insane impulse, and no arguments that can be prepresented to them, not even their own thorough convictions of the evil and the danger of so doing, have the slightest effect in staying their onward course to destruction. This desire may manifest itself rather suddenly and present a most vehement character, the unhappy victim being continually most miserable unless kept continually drunk.

This is the form usually known as acute methomania, and is comparatively rare. Being the product of some accident or severe disease, it is generally promptly relieved by treating the diseased state of body which produces it, and the relief is usually permanent. But a far more common form is that in which the per-

son is seized at more or less long intervals. This is called periodic methomania. I have never seen a good description of it except the one given by Dr. Hutcheson, and quoted by Dr. Carpenter, and feel that I can give no better idea of it than is given in that description. "The individual," says Dr. Hutcheson, "thus affected abstains for weeks or months from all stimulants, and frequently loathes them for the whole period. By degrees he becomes uneasy, listless and depressed, feels incapable of application, and restless, abandons business, and begins to drink and continues to till he is intoxicated. This he continues till sleep ensues, which he awakes from only to seek again the intoxicating dose, and so he continues on for a week or more. Then a feeling of disgust and positive loathing for his intoxicating drinks comes on, attended generally by anorexia and vomiting, a feeling of apathy and depression follows, he is the prey of remorse, regrets bitterly his infirmity, often contemplates, and even commits suicide to terminate his misery."

"His vigor, however, returns, he goes with renewed diligence to business, and freshly determines never again to yield to his malady. But, alas, sooner or later the paroxysm recurs, and the same scene is re enacted, till, ultimately, unless the disease be checked, he falls a victim to the physical effects of intemperance, becomes maniacal or imbecile, or the intervals becoming shorter and shorter till none takes place between them, and he falls into the deplorable state of chronic or continual

méthomania, a state in which the patient is incessantly under the most overwhelming desire for stimulants."

No exhibitions of the maniac can be more indicative of insanity than are the ungovernable impulses to intoxication that move these persons. In all the forms of the disease, the patient is totally incapable of self-control. There is no motive of business that has any weight against it; there is no consideration of family, or tie of friendship, that in the least influences him to resist; and even physical mutilation and the vilest personal debasement are at times gladly submitted to for the purpose of getting the means to appease this devouring impulse. An account illustrative of the strength and danger of this diseased impulse, is given by Dr. Mussy, of a methomaniac of the chronic variety, who was put into an almshouse. After making many unsuccessful efforts to procure rum, he at length hit upon the following device, which was successful:

He went into the wood-yard, seized an axe, and placing his hand upon a block, cut it from the arm at a single blow. With the bleeding stump raised, he ran into the house, crying, "My hand is off! Get some rum! get some rum!"

In the confusion of the moment, a bowl of rum was brought, and plunging the bleeding member of his body into the fluid, he raised the bowl to his mouth, drank freely, and then exultingly exclaimed, "Now, I am satisfied!"

What maniac could be more regardless of physical

pain? Truly did Dr. Hutcheson say that such a person "is dangerous to himself and others, and however responsible he may have been for bringing the disease upon himself, his responsibility ceases as soon as he comes under its influence." Another peculiarity of this disease is that it seeks solitary gratification, and in this respect it resembles some form of recognized mental derangements. Dr. Anstie says, in his article on Alcoholism, "Reynolds' System of Medicine," that acute melancholy is seen in this disease presenting the usual form of this mental affection, "but it is marked by a special tendency to suicidal acts." Dr. Hutcheson alludes to this change in social character and sentiment, saying that the patient derives no pleasure from society, for he generally avoids it.

The motive for the secret gratification of this impulse has appeared to me to be a desire to keep the fact hidden from the world. The positiveness and the persistence with which these victims will often deny having taken any stimulants, and much more, having been intoxicated, are as strong an evidence of their moral, if not general insanity, as can be presented. Their cunning and ingenuity in explaining their symptoms, taking care to make no allusion to the true cause, have no counterpart except in the cunning and deceit often found in the truly insane. Dr. Tyler very truly remarks upon the deadening influence of this disease upon the moral sensibilities of large numbers of its victims, that "they turn to whatever breeze is blowing, and change

their position with the utmost facility to accommodate all persons and circumstances, whenever this is necessary to carry out a selfish plan or purpose, with no regard for truth."

This statement is eminently truthful in respect to all attempts to conceal their disease. I have noted that the secrecy observed by these patients in the paroxysms of the disease, keeps pace with their intellectual powers; as that fails, they become more and more indifferent to such observation, and finally perfectly shameless.

An intimate acquaintance of mine left home and hid himself away in some obscure street whenever he felt the paroxysm approaching, and was not generally found before his attack passed off, when he would return to his house. He at length died in the garret of a miserable grog-shop, his name upon some articles of his clothing giving the only clew the inmates of the place had to his residence and family. There was evidence in his case that death ensued from opium taken for suicidal purposes, at about the termination of the paroxysm. A common practice among these persons is to shut themselves up during the attack, and give orders as to the statement of the character of their ailment to be given to those who may call to see them.

So far as my observation enables me to form an opinion, I think this habit of concealed drinking may be regarded as a diagnostic sign of methomania. I have not been able to find any other reason for it. In course of time this concealed drinking becomes more public,

but as a rule it is still solitary indulgence. It is not to be confounded with convivial drunkenness, and it is greatly doubted by some whether the occasional intoxication at the festive board ever leads to methomania, in persons who do not inherit, or accidentally possess, a decided predisposition to the disease. There can be no doubt that we constantly meet with persons who consume more alcohol annually than many methomaniacs, but who are never intoxicated, and who can stop the use of it at any moment without much, if any, inconvenience. While some become intoxicated at every dinner-party, they eat their dinner quite as well without wine. This, it is easily seen, is an entirely different condition from methomania. The habits which I regard as indicating methomania are: 1. Periodic secret drinking to intoxication, attended by studied secrecy regarding it, and persistent denial of the act. 2. Periodic solitary drinking to drunkenness, though not in secret, attended by the same determined denial of the act. 3. Gulping down alcoholic liquors on all possible occasions to drunkenness without regard to taste or quality.

It would be an error to suppose that all cases of methomania refuse to confess their affliction. Most of them sooner or later have confidants to whom they unbosom their afflictions, but as to general confession the rule here stated is true. During the paroxysm the patient abandons the most urgent business, and, to get the means of gratifying his craving desire, disposes of clothing and jewelry, and even pledges estates and beggars

his family. I have often noticed that the very fact of having extraordinary or unusually important or difficult business to transact, seemed to overwhelm the will and courage of these persons, and to bring on prematurely an attack. So common is this that the unreliability of the methomaniac for any urgent and important work is proverbial, they always being nearly sure to disappoint when most needed. This is, no doubt, to be accounted for by the fact that the mental as well as physical vigor is more or less greatly impaired by the disease, so that the patient is really unequal to the application required for him, and feels himself so.

Dr. Carpenter alludes to this subject by saying that, "besides the positive diseases, a premature exhaustion of nervous power, manifest in the decline of mental vigor, and of nervo muscular energy, are ranked by common consent among the consequences of habitual excess in the use of alcoholic liquors." The finding of a man drunk, and absent from business that he knows to be important, I, therefore, should at once regard as evidence of the existence of methomania in his case.

I have purposely deferred to the close of these remarks, the consideration of the personal danger which the family or associates of the methomaniac are exposed to during different periods of his paroxysms. Impelled by some insane hallucination, or by the frenzy of tormenting desire, during the maniacal excitement of intoxication, or the terrors of delirium which succeed it, the inebriate who would dismember his own body

would just as soon destroy the life of his dearest friend or relative. Of all the diseases of humanity, none is so dreadful as the insanity of the methomaniac.

Says Dr. Turner, in his graphic description of the victim of this disease: "Extreme poverty, hideous deformity, mutilation of limbs, deafness, blindness, all those, sad as they are, leave alive the human affections, and admit the consolation of sympathy and love;" but this malady "so entirely changes the heart that no affection can grow upon it, and the unhappy victim sinks and dies, or is so excited as to crush the life out of the mother that bore him, as coolly as he would trample upon a serpent." Then the doctor relates that most awful case which occurred in Madison county, in this State, a few years ago, to illustrate his statement. A young man, during the delirium of a paroxysm of methomania, murdered both his father and mother, and cut out their hearts, which he roasted and ate. He was brought into court for trial, but Judge Gray declined to try the case, on the ground that his court had no jurisdiction in the case of a crime for the commission of which there could be no motive in the human heart. It was, indeed, an unequivocal admission, by high judicial authority, that methomaniacs may be irresponsible for their acts. These morbid perversions of feelings and desires, so frequently seen in the insane from any cause, are peculiarly liable to appear in the methomaniac, and liable to impel the victim to acts of an appalling character.

With these facts before us, and the presence of the symptoms of methomania which we have just described, in any given case, considering the total loss of self-control during the paroxysm, the disregard of all business and domestic obligations, and the prospective ruin of family, it becomes, beyond a doubt, a proper question for serious attention, whether it is not only merciful to the patient and his family, as well as a matter of safety to them and to the public, that he should be prevented from committing crimes and from squandering property by placing him under restraint, rather than allowing him to incur the risks of trial for crime, and his family that of reduction to penury, by permitting him the liberty which his disease irresistibly impels him to abuse. The application of the principles and facts which I have endeavored to establish, to acts of profligacy, to acts of bad faith and forfeiture, such as of accident or life insurance, to acts of social and family outrage, and to acts of crime, I leave to members of the legal profession, in full confidence that they will do the subject the justice it deserves.

METHOMANIA.

By James J. O'Dea, M.D.*

"Madam," said Dr. Samuel Johnson, to a lady with whom he was once conversing on the subject of intemperance. "I can be abstinent but I cannot be moderate." Such is an admirably terse statement of the case of many living men and women, who, though strongly tempted to indulge their propensity for ardent spirits, are fortunate in possessing a self-control as rigid and uncompromising as that of the illustrious man above quoted. But there are others not so happily endowed. As a matter of every-day experience we meet with many shades of distinction among mankind, in regard to the appetite for alcoholic drinks, from the few who positively dislike them, or the very large number who use them in moderation, to the many whose lives are little else than a repetition of drunken debauches, and who have only too much reason to exclaim with the great dramatist:

"Oh! thou invisible spirit of wine, if thou hast no name to be known by, let us call thee devil!"

From among the latter we may single out a class having a peculiar character and physiognomy of its own.

*Read before the New York Medico-Legal Society, 1868.

It has probably happened to every one of us to know people—acquaintances, friends, relatives—who are, to all appearances, hopeless drunkards. They are either constantly intoxicated, or they abstain only when there is no temptation to drink; but let them indulge ever so little and their propensity, assails them with a force which no consideration is able to restrain. Such people are the despair of their friends, the torment or ruin of their families, the scandal of their community. Seventy times seven they fall and are lovingly raised up. They express contrition, they make firm promises, of amendment, and, for a little while, seem to have mastered their propensity, but, sooner or later, it renews its assaults, and obtain an easy victory over them. What is the meaning of this phenomenon? Is it simply an indication of moral obliquity, or does it point to something radically wrong in the physical organization of the individual, to a diseased or disordered state of his nervous system obedient to the well-known laws of all the neuroses, hérédité, periodicity, and interchangeability? In a word, can we pronounce it to be a form of insanity? Such is the question submitted to our consideration; but before entering upon it, I think it will be advisable to take a rapid survey of the recent progress of opinion respecting the action of alcohol on the human system.

Speaking in a general way, it may be declared that the total abstainer is a healthier man than the tippler, and, further, that the difference between the consumer of a very little alcohol, and the consumer of a good deal,

is mainly one of degree. The steady use of alcoholic drinks, for even a comparatively short time, lessens the vigor and elasticity of the body, impending both its neutrition and the play of its faculties. As a consequence of its depressing effect on the lungs, skin and kidneys, less carbonic acid, water, and urea are eliminated, and the system becomes changed with an accumulation of imperfectly oxidized substances, such as uric and oxalic acids. The effect of alcohol in inducing chirrosis of the liver is long familiar to the profession, and recently, Dr. Fox has drawn attention to an analagous change in the stomach of inebriates, marked by chronic inflammation of the mucous membrane and its consequents, hypertrophy of interglandular connective tissues and obliteration of glandular structure. Owing to this initative action on the structures of the stomach, and also to the obstruction of healthy tissues metamorphosis occasioned by the same agent, there is a diminishing appetite for food, and a gradual decline in the enduring powers of the body. An employer in Scotland tested this latter fact in the case of a workman who abstained from alcoholic beverages for eight weeks. On subsequently referring to the wages-book, it was seen that during this time he had earned about sixty-eight dollars, gold, as against fifty-three dollars, gold, which was all he had made in the eight preceding weeks during which he indulged. As a "teetotaler" he earned fifteen dollars more than as a moderate drinker.*

* Frazer's Magazine, September, 1868.

If we understand the physiological purpose which alcohol serves when taken into the system, we might learn the secret of that craving for the stimulant, which is, and always has been, so universal. It would be difficult to find a nation ignorant of the use of spirituous beverages in some form or other. From the anack of the Hindoo, to the vodki of the Russian, the intermediate list is a long one, and includes every variety of spirits distilled or otherwise produced from the various cereals, rice, cocoa, agave, maize, and potatoes.

Not to occupy too much time with the various attempts, that have been made to account for a fact so universal as the prevalence of this desire for stimulants, I may briefly run over the most important of those which have engaged the attention of scientific men during late days.

Leibig, inferring from the chemical composition of alcohol what its use in the body should be, propounded the theory of its function as a heat producer by union of its carbon with oxygen to form carbonic acid. More recent observations throw some doubt upon this explanation. Thus it is objected that persons to whom alcohol has been given expire less carbonic acid than usual, and that the temperature of their bodies, as tested by the thermometer, is lowered instead of raised, as should be the case were this agent a heat-producer. But the conclusions of the celebrated Paris Commission of 1860 were the chief agents in discrediting Leibig's theory. They are as follows:

1. Alcohol is not food.
2. In a feeble dose it excites, in a large dose it stupefies.
3. It is *never transformed* in the organism.
4. It accumulates in the brain and liver.
5. It is ejected entire and pure by the lungs, by the skin, and especially by the kidneys.
6. It is a pathogenic, causing functional disturbance, and organic alterations in the brain, liver and kidneys.

Lastly, these influences of the commission are in their turn disputed by M. Edmond Baudot, in the *Union Medicale* for September and November, 1863. In regard to No. 3, he remarks that, though there is no direct proof of the transformation of alcohol in the system, there is strong presumption that some is really there transformed. He has convinced himself by experiments that very little alcohol is eliminated by the kidneys, and only enough by the lungs to give it faint reaction with the bichromate of potash test. He holds that only the portion of which the organism is intolerant, as being more than it can safely bear, is eliminated as alcohol, and that the rest remains in the body, and undergoes transformation into aldehyde, acetic, and oxalic acids.

The last year or two has witnessed a renewed interest in this important question. All the more recent authorities agree that alcohol has no histogenetic properties whatever, but there is still a decided difference of opinion as to whether it is a force producer. Dr. Anstie seems to favor the theory propounded by Liebig. He holds that it is oxidized in the organism, and undergoes

a change into carbonic acid and water; that, in so being acted upon, it contributes useful force to the body, and, consequently, that it has an absolute dietetic value. Dr. Parks, on the other hand, while admitting the destruction of alcohol as above indicated, refuses to see in this fact alone any reliable proof of its dietetic value. To pursue this interesting controversy any further would lead us too far away from our present purpose. Whatever may be the ultimate decision of scientific men, to Dr. Anstie belongs the great merit of having contributed one positive truth to what knowledge we possess upon the subject—the important fact that the healthy human frame can safely dispose of one ounce and a half of alcohol in the twenty-four hours, which is the limit of healthy indulgence; all indulgence beyond that amount being not only excessive, but disease-producing.

Now, with regard to one of the consequences of excess, statistics and pathological observations both go to prove that the habit of frequent indulgence in alcohol is really a potent cause of many diseased conditions of the nervous system highly favorable to insanity.

First, of statistics. Most systematic writers on insanity give a proximate estimate of the percentage of cases of mental alienation attributable to the abuse of ardent spirits. Bucknill and Tuke tell us in their work on *Psychological Medicine* that the report of the commission in lunacy, for 1844, gave eighteen out of every hundred as the number of insane from this cause, and

add that "in America the proportion is stated to be very much higher among the patients admitted into State asylums. But, we believe, that all these figures fall far short of presenting a true picture of the complex influence of intemperance in indulging, directly or indirectly, derangement of the mental faculties." Dr. Nichols, in some recent remarks on the Government Hospital for the Insane, says: "The reports of the institutions for the insane, both in this country and Europe, show that intemperance is a common sense of insanity in its ordinary forms. The authorities also almost unanimously agree that inebriety sometimes becomes an insanity . . . characterized by a total abandonment to extreme indulgence, regardless of the most sacred claims and pledges, and by no more less impairment of the moral and intellectual powers of the individual."*

"Of the physical causes of insanity," says Dr. Maudsley, "intemperance occupies the first place; acting not only as a direct cause, but indirectly through the emotional agitations incident to an irregular life of dissipation and excess." And Dr. Hood† places alcoholic excesses next after old age, as the most potent, physical cause of insanity.

Secondly, of pathological observations. The experiments of Percy and others have established the great rapidity of the absorption of alcohol from the stomach, and its strong affinity for the nerve centers. Now, al-

*American Journal of Medical Sciences, January, 1869.

†Quoted in Aitkin's "Practice of Medicine."

cohol irritates these centers, and induces changes in their nutrition which prove both structurally and functionally disastrous to them. And, furthermore, the series of morbid alterations due to its repeated action as an irritant bears a striking general resemblance to those witnessed among many of the insane from other causes. If the brain of an unreclaimed drunkard be compared with that of a man who has died insane, both will often exhibit the same hardness, the same shriveled nerve-cells, and the same development in the intercellular spaces of fibrous tissue of a low grade of vitality.

It would, therefore, seem a well-attested fact, that organic changes, similar to those experienced among the insane, are developed in the nervous centers of the drunkard, during his career of indulgence, and that by his own act he puts himself on the very verge of madness. Some trivial circumstance, like the feather that broke the camel's back, may at any moment transform him into a lunatic.

Methomaniacs have been variously classified. For example, they have been arranged as (1), those in whom the disease is connate; (2), those in whom it is adventitious and developed either by prolonged excessive indulgence alone, or by this and the supervention of some other agent depressing to the nervous system; (3), and finally, those characterized by a periodic and uncontrolable craving for drink, suddenly appearing after a total abstinence of long or short duration. However, as a more simple arrangement will best accord with the ob-

ject of this paper, I shall divide methomaniacs into two classes: (1), Methomaniacs in consequence of a long series of debauches; (2), Methomaniacs by inheritance.

(1.) How long a course of immoderate tippling may be continued before the development of methomania, it would be impossible to say. In endeavoring to form an opinion on the subject at all approximating to correctness, a variety of circumstances would have to be taken into account. Doubtless, in some abnormally constituted individuals, with an hereditary tendency to nervous disease, a very limited number of debauches might be sufficient to develop it; while other persons with robust constitutions, and no special tendency to any form of neurosis, might indulge to excess for a lifetime without manifesting a single sign of insanity. This is all I feel justified in saying at present on methomania as a disease developed in consequence of frequent excessive indulgence in alcoholic stimulants.

(2.) The hereditary transmission of a propensity to drunkardness (hereditary methomania), is a subject of considerable social and medico-legal importance. Few allied questions are more fully supported by evidence than the transmissibility, not merely of the drunkard's degenerate constitution, but even of his appetite for intoxicating drinks. The well-known instance recorded by Gall, of a drunken Russian family whose son, only five years of age, was already on the high road to inebriety, is but one of the many examples of a like nature which might be cited. I must not, however, omit the

striking picture given by Morel, of the afflictions of four generations of a family in consequence of alcoholic abuses in the first, for nothing more startling and conclusive can be found anywhere upon the subject. "The great grandfather of the family was a dipsomaniac, and and so complete was the transmission of the disease that the race became totally extinct under the well-marked phenomena of alcoholic poisoning and degeneracy. The effects entailed were: in the first generation, alcoholic excesses, immorality depravity, brutish disposition; in the second generation, heredity drunkenness, attacks of mania, general paralysis; in the third generation, sobriety prevailed, but hypochondriasis, lympemania, persistent ideas of persecution, homicidal tendencies, were expressed; in the fourth generation, intelligence was but feeble, mania became developed at sixteen years of age, stupidity, running on to idiocy, and a condition involving extinction of the race.*"

Very few, I think, will venture to deny our right to classify methomania among the forms of insanity. This being admitted, the query arises, whether the progenitors of the generation in which it is manifested must necessarily have been drunkards. This question involves a consideration of the heredity transmission of disease, a subject which, though demanding some of our attention, is much too large and secondite to be satisfactorily treated at present. Those who may wish to

* Morel; quoted in Aitkin's "Practice of Medicine," vol. 1. pp. 145, 146

pursue the topic further will find it very fairly discussed in the *American Journal of Medical Science* for April, 1868, in a review of Dr. Griesinger's "Mental Pathology and Therapeutics." Here, however, we are obliged to confine ourselves to the few following observations:

By some authorities no case of disease is considered hereditary unless it has already appeared fully developed in a parent or grand-parent. By others a case is deemed to be also hereditary if the disease has shown itself in an uncle, aunt or cousin. In other words, the latter concede that the transmission may be along the collateral as well as the direct line. Again, in regard to the form in which the hereditary taint is transmitted there are differences of opinion, some maintaining that the full-blown ailment of the parent is inherited, while others hold that most commonly the offspring receives only a morbid condition of organism, having a strong tendency to repeat the parental variation from health. For my own part, I believe what the offspring most commonly inherits is a certain condition of organism very prone to take the shape of the parental disease. Thus, the consumptive or epileptic parent more frequently transmits the tubercular or nervous diathesis than the concrete diseases—consumption and epilepsy. In this view, the insane man does not bequeath to his descendants any particular form of insanity so frequently as a general morbid, nervous condition very prone to develop into some definite form of madness. Coinciding with this law, and confirming it, is the fact, amply attested by experience, that diseases

of the nervous system, though radically one, are manifested differently in different persons, or in one person at various times.*

Now, the one factor of prime importance which serves to distinguish the methomaniac from the sane drunkard is this taint of hereditary disease. A man of sound mind may become a drunkard by force of evil associations and temptation, as under similar influence he may learn to be a gambler or a libertine. But the methomaniac may be a model man in every respect save the one of his propensity to drink, and this he owes not to the exercise of his free will, but to a pitiable flaw in his nervous organization which deprives him of the power of resisting his special temptation, and thus, negatively, forces him to give it unrestrained license whenever it arises. Were such a person to marry and beget children, there would be little risk in predicting that one or more of them would, in the course of life, become methomaniacal.

* The following remarks from Dr. Gull's "Clinical Observation in Relation to Medicine in Modern Times," delivered at the meeting of the British Medical Association, held last year in Oxford, are pertinent to the above question: "If we trace the history of morbid brain-force through the various members of a family, we shall often recognize a great variety of related phenomena, which, in nosological classification, are separated and considered distinct. The intellectual disturbance in one may appear as epilepsy in a second; as mere dyspepsia and so-called acidity in a third; in a fourth, as some peculiar neuralgia; in a fifth, if a female, in many varieties of capillary disturbances, such as amenorrhœa, vicarious menstruation, hæmatemesis, or even hæmoptysis; in a sixth, some part of the intestinal tract, the colon chiefly, may appear to be the recipient of the morbid nerve-process, and the patient be tortured with fears of a tumor, which, though a mere phantom, is yet calculated to mislead the unwary."

You may infer from what I have now been saying, that methomaniacs are not always steady, hard drinkers. In fact, the impression seems to be, that those who inherit the disease are commonly given to periodic drinking. At all events, the periodic form of the malady is that best suited for study, both in consequence of its saliency and simplicity. In the course of our experience we meet every now and again with a person whose case answers to the following description : The inheritor of a nervous organization, whose tendency may have culminated in some one or other of the neuroses—epilepsy, chorea, neuralgia—for a while sober, and attentive to business, becomes restless, moody and thoughtful. His disposition, in fact, changes, he loses his relish for society, and his accustomed appetite for food. After this state has lasted a little while, he suddenly abandons all his duties, and addicts himself to drink. His whole nature, as I have just remarked, undergoes a most surprising change. There is scarcely an action, however improper or subterfuge, however cunning, of which he will not be guilty in his all-absorbing desire to gratify his craving for drink. At times he may make a public exhibition of his weakness, but more commonly he retires into solitude, that he may enjoy his propensity to its fullest extent. It may be that, as he drinks, all power of self-control wanes, and his emotions obtain complete sway over him. If, now, he is possessed by some hallucination or illusion, he may commit acts of violence, even to bloodshed. After indulging for a

length of time, variable according to the violence of his disease, or the strength of his constitution, the attack subsides, leaving him in a state of extreme physical and mental prostration.

In his "Anatomy of Drunkenness," Dr. Macnish has recorded a striking example of the unrelenting temptation which assails the methomaniac. One of this unfortunate class makes the following reply to the urgent remonstrances of his friends:

"Your remarks are just; they are, indeed, too true, but I can no longer resist temptation. If a bottle of brandy stood at one hand and the pit of hell yawned at the other, and I were convinced that I would be pushed in as sure as I took a glass, I could not refrain. You are very kind, good friends, but you may spare yourselves the trouble of trying to reform me; the thing is out of the question."

Obviously this is the language of despair, but it is also the language of a man who has struggled many a time against his besetting sin, and who only throws down his arms when, at last, he finds how utterly hopeless the combat is, and how completely he is worsted every time he engages with his unseen antagonist. Not that such a man's condition is really hopeless. Our inebriate asylums demonstrate quite conclusively how much temporary, nay, sometimes permanent benefit, may be conferred on this unfortunate class by seclusion and medical care.

The disease under which the methomaniac labors de-

prives him, therefore, of his power of self-control. On this point Dr. Hutchinson has well remarked that "those afflicted with the disease cannot abstain, however convinced they may be of the impropriety of yielding to their propensity, or however desirous they may be to subdue it." With the methomaniac there is no premeditated drinking; on the contrary, he deplores his propensity, he evens warns his friends of the approach of the craving, and may entreat their help to escape it. This fact is of primary importance in the diagnosis of methomania, and assists materially in distinguishing between it and the ordinary forms of inebriety.

Another feature met with among people prone to outbreaks of this disease is the great mental excitement they sometimes experience after taking only a small quantity of ardent spirits. The sane toper drinks and grows merry and bright, or stupid and sentimental, according to his temperament; but persons prone to methomania get often wild and uncontrollable after a glass or two. Last Christmas night, for example, one of this class took two "glasses" of whisky in a saloon, and returned home in a state of such wild excitement that it required the united strength of six men to hold him. Being offered a thick porcelain cup with water to drink, he drove his teeth quite through it, and bit out a piece as large as his mouth could hold.

The disease which we have thus been considering is a transitory form of mania. It has its periods of access, of exacerbation and of decline. Its subject often feels

it coming on, and the physician may trace its stealthy approach in the changed manner, the altered feelings, the loss of appetite and rest of his patient. Its decline is marked by a general prostration of the vital powers, by saiety, disgust, nausea, and the return of the moral sense. The interval of sobriety and good conduct varies much in different individuals, but in the same individual it is pretty constant. I have known three methomaniacs pretty intimately; two were men of considerable force of intellect, one was a woman past middle life, exceedingly small in stature, and of a very emotional, sympathetic temperament. In one of the former the attacks used to come on about every six months, in the other about every three months; in the latter about every three months also.

The storm over, the methomaniac rises up like the prodical son, and returns repentant to his duties. But frequent debauches at last blunt his moral sense, and he ultimately loses even the feeling of shame which used to arise in him when he contrasted his feeble purpose and frequent lapses with the firm will and rational conduct of the good among his acquaintances.

The radical defect in the nature of the methomaniac is not a want of intelligence, nor yet of moral feeling, but of will, or rather I should say of a will strong enough to resist and subdue the rebellious impulses of the flesh. You know how intimately the organic feelings are related to the mind. You are aware that the passions have their main roots in the abdominal viscera, and the organs

connected therewith. Here we have the physiological basis of the inevitable struggle which every one experiences between the two opposing forces of the organism—on the one hand, the passions as they proceed from the lower, and, on the other, conscience, or the sum of the faculties of the higher nature. St. Paul expressed the whole idea in his words to the Galatians: "For the flesh lusteth against the spirit, and the spirit against the flesh; and they are contrary the one to the other; so that ye cannot do the things that ye would." Now the methomaniac is pre-eminently in this unfortunate position. Owing either to an inherent feebleness of will, or to the extraordinary force of his one passion it refuses to be governed: periodically it gets the bit between its teeth, and carries him where it will. This state of the case fits exactly into our idea of moral insanity, and we are constantly led to the evident conclusion that methomaniacs are insane. We see now where our subject touches the question of legal responsibility. This point, however, would require a separate treatise to do it justice; for the present, I must limit myself to one or two observations.

It will be remembered that our courts of law do not allow intoxication to be paraded as an excuse for crime. Some other defense must, therefore, be substituted, and that of insanity (methomania) is as likely to be introduced as any other. As this is a plea open to great abuses, it is all the more necessary that the medical expert should furnish himself with tests for discriminating between the genuine methomaniac and him who is

asserted to be such on mere grounds of expediency. It has often occurred to me of late that the reckless use now so commonly made of the defense of insanity in criminal cases is very much calculated in the long run to diminish its truly great importance, at least with the public, and to engender a suspicion of its genuineness even when urged in good faith and on strong evidence. Even for this reason alone we should attentively study the essential points of difference between the methomaniac and the drunkard. I need hardly apologize, therefore, if I direct your attention to the following points which seem of great service for the purpose of this distinction :

1. An inherited or acquired tendency to insanity.
2. An irresistible desire to drink.

The former can exist without the latter, because, as we have already seen, the tendency to insanity may find a vent in various ways ; but I cannot doubt that the individual who has the irresistible desire for drink is insane. He is none the less so, be it observed, that oft-times it is the result of his own misconduct. Whether the desire to drink is irresistible in any given individual, that is to say, whether it predominates in him in such a degree as to govern his conduct despite the promptings of conscience and the dictates of self-interest, will often be a very difficult point to determine, owing to the impossibility of reading the secrets of men's hearts ; yet, when cautiously examined and intelligently applied, it will furnish a very valuable test for separating the real from the feigned disease.

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THE LARGEST AMOUNT OF OUTSTANDING ASSURANCE, $483,029,562.

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Assets, - - - - -	$84,378,904.85
Liabilities, (4 per cent. valuation) -	66,274,650.00
SURPLUS, - - - - - -	$18.104,254.85

THE LARGEST PER CENTAGE OF ASSETS TO LIABILITIES, 127½ %.

THE LARGEST INCREASE IN ASSETS.

Increase during the year, $8,868,432.

THE LARGEST INCOME, $23,240,849.

THE LARGEST PREMIUM INCOME, $19,115,775.

THE EXCESS OF INCOME OVER DISBURSEMENTS,

Excess, $9,101,695.

MEDICO-LEGAL JOURNAL.

Vol. 4 was completed by March number, 1887. Contains the following articles:

State vs. People. By ERASTUS BROOKS.
Microscope in Consumption. By EPHRAIM CUTTER, M. D.
Killing Children by Insane Parents. By ARTHUR C. BUTTS, Esq.
Classification of Mental Diseases. By CLARK BELL, Esq.
Med. Juris. of Insanity. By E. C. MANN, M. D.
Hysterical Women. By Le GRAND DU SAULLE.
"Paranora." By L. A. TOURLETTOLE, M. D.
The Dunbar Case. By F. A. PADDOCK, M. D.
Report on Classification of Mental Disease. By CLARK BELL, Esq.
Testamentary Capacity. By W. J. MANN, Esq.
Expert in Court and Legislature. By NELSONS GIBERSON, M. D.
Benj. Rush. By CHAS. K. MILLS, M. D.
Mental Epilepsy. By L. W. BAKER, M. D.
Insanity and Care of Insane. By CLARK BELL, Esq.
Retiring address of Dr. ISAAC LEWIS PEET.
Imbibition of Poisons. By GEO. B. MILLER, M.D.
Inaugural Address of CLARK BELL, Esq., with Portraits of Ex-Judge CHAS. P. DALY, B. C. Ingells, M. D.
Pliny Earle, Northampton Asylum.
BENJ. RUSH, M. D., JOHN P. GRAY, M. D., And Utica Asylum.

With Editorial, Toxicological matter of current date.

Recent Legal Decisions, Reviews of Books, and matters of general Medico-Legal interest.

VOL. 5 WAS COMPLETED BY MARCH NUMBER, 1888, AND CONTAINS THE FOLLOWING ORIGINAL ARTICLES:

Isaac Ray. By Dr. CHAS. K. MILLS.
Druse Case. By E. W. CHAMBERLAIN, Esq.
Classification of Mental Diseases. By Prof. J. J. ELWELL.
Penal Aspects of Suicide. By LOUIS C. WHITON, Esq.
Prison Labor and Public Utility. By Dr. L. L. SEAMAN.
Relation of Intemperance to Insanity. By CLARK BELL, Esq.
Opium Inebriety. By IRA RUSSELL, M. D.
Valedictory Address of Dr. A. K. STEELE.
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Best Method of Executing Criminals. By J. MOUNT BLEYER, M. D.
Report of Committee on same subject.
Criminal Jurisprudence. By P. BRYCE, M.D.

Besides Portraits of ISAAC RAY, JOSEPH GUISLAIN, STATUE OF GUISLAIN, A. J. VANDERPOEL, Esq., Judge G. H. McMASTER, WM. TUKE, M. D., YORK RETREAT, England; Dr. HORACE WARDNER, Illinois State Asylum, at Anna, with Editorial, Toxicological and other Legal matters of interest.

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MEDICO-LEGAL JOURNAL.

Vol. 3 of the Journal was completed by the March Number, 1886.

This volume contains the following original articles:

Shall we Hang the Insane who commit Homicide? By CLARK BELL, ESQ.
Increase of Insanity; Causes and Remedy. By IRA RUSSELL, M. D.
Report of Committee on Lunacy Legislation in ILLINOIS. With Bill of Dr. FRED. H. WINES.
Report of Committee on Lunacy Legislation in WISCONSIN.
Insanity as a plea for Divorce or Nullity. By GEO. H. SAVAGE, M.D.
Absorption of Arsenic by the Brain. By R. H. CHITTENDEN and HERBERT E. SMITH.
Photograpy and Medical Jurisprudence. By WM. M. MATHEW, ESQ.
Case of Lucille Dudley. By W. H. O'SANKEY, M. D.
Structure and Function of Gray Matter of Brain. By CHARLES HEITZMAN, M.D.
Fraudulent Damages in Railway Accident Cases. By C. J. CULLINGWORTH, M. D.
Poisoning by Extract of Conium. By A. J. PEPPER, M. D.
Simulated Insanity. By PROF. WILLE.
Still Births. By H. D. CHAPIN, M. D.
Classification of Mental Diseases. By PROF. DR. LEFEBVRE of Belgium.
Retiring Address of President DR. R. O. DOREMUS.
Inaugural Address of President DR. ISAAC LEWIS PEET.
Inebriety and Criminal Responsibility in Mexico. By ENRIQUE A. FRIMONT, M. D.
Autopsia Cadaverica Legalis. By THOS. R. BUCKHAM, M.D.
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OF

The Mutual Life Insurance Company of New York,

RICHARD A. McCURDY, President.

For the year ending December 31st, 1887.

ASSETS ..... $118,806,851 88.

Insurance and Annuity Account.

	No.	Amount.		No.	Amount.
Policies and Annuities in force, Jan. 1st, 1887	129,927	$393,809,202 88	Policies and Annuities in force, Jan. 1st, 1888. .	140,[illegible]3	$427,628,932 51
Risks Assumed..... ..	22,305	69,457,468 37	Risks Terminated.....	11,289	35,637,738 74
	152,232	$463,266,671 25		152,232	$463,266,671 25

Revenue Account.

Dr. *Cr.*

To Balance from last account ...	$104,719,734 31	By Endowments, Purchased Insurances, Dividends, Annuities and Death Claims.	14,128,423 60
" Premiums.....	17,110,901 62	" Commissions, Commutations, Taxes and all other Expenses	3,649,514 49
" Interest, Rents and Premium on Securities Sold.....	6,009,020 84	" Balance to new account.	110,061,718 68
	$127,839,656 77		$127,839,656 77

Balance Sheet.

Dr. *Cr.*

To Reserve for Policies in force and for risks terminated...	$112,430,096 00	By Bonds Secured by Mortgages on Real Estate	$49,615,268 06
" Premiums received in advance	82,314 36	" United States and other Bonds.	43,439,877 81
" Surplus at four per cent.....	6,294,441 52	" Real Estate and Loans on Collaterals.....	20,159,173 87
		" Cash in Banks and Trust Companies at interest	2,619,392 06
		" Interest accrued, Premiums deferred and in transit and Sundries.....	2,973,109 93
	$118,806,851 88		$118,806,851 88

I have carefully examined the foregoing statement and find the same to be correct.

A. N. WATERHOUSE, *Auditor.*

From the Surplus above stated a dividend will be apportioned as usual.

Year.	Risks Assumed.	Risks Outstanding.	Surplus.
1884	$34,681,420...	..$351,709,295.....	$4,743,771
1885	46,507,139	398,981,441.....	5,012,634
1886	56,832,719..	393,809,203	5,643,568
1887.....	69,457,468.....	427,628,932....	6,294,442

NEW YORK, January 25, 1888.

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